University of Alberta

The Role of Asset-based Community Development in Promoting the Health of Edmonton Citizens

by

Mary Jane Buchanan ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment
of the requirements
for the degree of Master of Science

Centre for Health Promotion Studies

Edmonton, Alberta
Fall, 2000

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Abstract

Given the importance of addressing the socio-economic determinants of health in health promotion practice, the process of Asset-Based Community Development (ABCD) was considered for its impact on the health of a variety of Edmonton neighbourhoods. Using a qualitative research design within a participatory action framework, data are presented from a variety of sources, including five in-depth personal interviews, document review and a total of seventy-two hours of participant observation.

Findings indicate that the ABCD process holds promise as a broad-based socio-economic intervention that has a positive influence on participants' self-esteem, opportunity for learning, access to employment, social connectedness and physical supports for health, such as recreational opportunities, safer neighbourhoods, and access to affordable nutrition. Because of its emphasis on discovering the gifts, assets and abilities of a broad range of community members, ABCD is also useful as a mechanism for promoting social cohesion and building relationships among diverse types of individuals. The research thus gives preliminary evidence that ABCD is an effective strategy for improving the health of Edmonton citizens.

Dedication

This work is dedicated to my children--Ruhamah, Michal and Symon--whose playful spirits sustain me through much of life.

Acknowledgement

There are number of people who contributed in significant ways to this work:

First of all, Dr. Kim Raine, whose personal interest and enthusiasm for this topic inspired always in me the hope of completing the task.

Secondly, an eternal thanks to Susan Roberts and the staff at Community Building Resources. They shared with me an appreciation of the giftedness in others that will be with me well past the completion of this work. And a special thanks to Johanna Walker for her help with the illustration in Chapter 5.

Thirdly, a thank you to Dr. Anne Neufeld for her example of qualitative research excellence and Dr. Helen Madill for her continued support in bringing this thesis to completion.

I would also like to thank:

The participants in this research study, who so graciously shared their time, interest and experience with me. Again, you taught me far more than these pages could ever reflect.

Numerous friends from First Baptist Church, Edmonton and the Downtown Edmonton Community Association who have also taught me an incredible amount about the gift--the wildness and the wonder--of community.

Lastly, thank you to the neighbours, friends and family members--both near and far--who have provided personal support to me through the course of this research. Your time, attention and love have been invaluable.

Thank you.

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Chapter 1

Introduction

In Alberta, the early 1990s brought major economic reform and subsequent change within the health care system. In a shift from centralized, hospital-based services to "community-driven" initiatives, a Community Development Office (CDO) was established in two large rooms of the top floor of Jasper Place High School in Edmonton. As an arm of the Capital Health Authority, Edmonton, this CDO adopted as their mandate "the challenge to begin to ask different, more positive questions that would encourage citizens and communities. . . to actively participate in and nurture their own health and the health of their fellow citizens" (Dedrick, Mitchell, Miyagawa & Roberts, 1997, p.1). While the CDO recognized at that time that there was a certain amount of negativity associated with Alberta's economic reforms, they chose to see the changes as a positive opportunity for community members to re-discover the assets, talents and abilities that would enable them to move from a disempowering dependency on professional services for health to a more accessible, holistic approach to health within their communities.

Based on the work of McKnight (1995) and in conjunction with their first neighbourhood partner, the Glenwood Community League, the CDO developed the Community Capacity Building and Asset Mapping© (CCB & AM©) Model, which they began to implement as a means to animate other communities in the Edmonton area to discover "the assets, skills and abilities they have to offer in support of health". Since September of 1994, the CDO has developed a partner business called Community Building Resources (CBR). From 1994 to 1997, the CDO and CBR facilitated Asset-Mapping workshops and the Steps to Capacity Success© as the introduction to community-building initiatives in a total of twelve groups in the Edmonton region. Briefly described, the two-day workshop emphasizes the animation of community initiatives through the six-step process of: i) defining the focus of interest, ii) initiating contact with key individuals, iii) planning for community conversations, iv) conducting the survey, v) creating an asset map and vi) communicating the results (See Appendix A). Throughout the workshop, participants are encouraged to shift their thinking from a more traditional needs-based focus to recognizing the assets within communities and the potential for these gifts and skills to create strong and supportive environments (See Appendix B, sample exercise, CCB & AM Workshop©, 1998).

In addition to its unique focus on assets rather than needs, CCB & AM© distinguishes itself by an emphasis on building *personal connections* within a neighbourhood rather than focusing on specific programs or defined outcomes. In describing the essence of the approach, CBR states: "asset-mapping is not a program, but rather a way for communities and citizens to discover each other, to connect, share new friendships and build their community as *they* want it, rather than how systems want it" (Community Building Resources, 2000, p.11). In order to track ABCD as a process, CBR has conducted two sets of participatory process evaluations in a total of fifteen groups that participated in the CCB & AM© workshops (Dedrick et al., 1997; Dedrick, Gallivan, Mitchell, Moore & Roberts, 1998). Through a series of in-depth, open-ended interviews with key community participants and the collection and analysis of written accounts and records at the office, CBR concluded that key components of the process as it has been implemented in Edmonton neighbourhoods include *relationships, action, food* and *fun* , or *RAFF* (Dedrick et al, 1997, ii). Entitled *Listen & Learn I & II,* the summaries of these participatory evaluations reveal that ABCD is distinguished by its emphasis on an exchange and interchange among people and the idea that relationships are *reciprocal* -- that both sides in a relationship have something to give-- and that every individual within a community has gifts, assets, and talents as well as needs to share (See illustration, Appendix C).

While ABCD emphasizes process rather than pre-determined outcomes, the concept of *action* or community-driven *initiatives* is also embedded in the ABCD philosophy. In summarizing the Listen & Learn findings, CBR staff conclude ". . .Community Capacity

Building and Asset Mapping© nurtures an atmosphere of discovery and sharing, from which community driven initiatives have emerged" (Dedrick et al, 1997, i). While the *Listen & Learn* analyses provides important information about *how* the asset-based process works and the extent to which various communities have implemented the process, the challenge remains for CBR to be able to describe the *effect* or *outcome* of these initiatives on the health of both indivduals and communities. They therefore approached the Centre for Health Promotion Studies at the University of Alberta in February of 1998 in order to enlist the help of a graduate student to conduct further research on this question. Initially it was hoped that the research would contribute to the question of whether or not the Capital Health Authority would continue to fund the CDO for the fiscal year 1999. In the meantime, however, CBR launched itself as an independent business that has been operating since April 1,1999, making the issue of further funding less critical to the research at this time.

Regardless of current funding sources available to CBR, it is hoped that this research will make an important contribution to the direction of policy and funding initiatives of the Capital Health Authority for the current fiscal year and the years to come. While CHA and Alberta Health have clearly prioritized community-based initiatives in the region, their concurrent focus on "Evidence-based Decision Making, Indicators and Performance Measures" leaves many communities floundering in attempts to prove both how *effective* and *efficient* they are in impacting the overall population health status (Alberta Health,1995; David Thompson Health Region, 1998). Although the nature of "evidence" is debatable and some would argue that a description of process is adequate, this debate is beyond the scope of this research. A focus on outcomes was deemed necessary within the current organizational and political climate. This context clearly suggests that communities are in need of sound theoretical research demonstrating that indeed "people in communities have the skill, resources and many strengths that enable them to improve their health" (David Thompson Health Region, 1998, p.7) This research is therefore directed at tracking the *outcomes* of an asset-based approach to community development, with a particular focus as outlined below.

Foundational to the research undertaken here was the question posed by CDO/CBR staff from the beginning stages of their work with the Capital Health Authority. This question was:

> *Does focusing on assets make a difference? If so, how?*

Further discussion with CBR staff revealed that this question arose from the hypothesis on which they base much of their day-to-day work, which is:

> *By linking and connecting with one another, sharing talents, gifts, interests and assets, and by building on both the natural and structural helping systems in the community, citizens' health will improve.*
>
> (CDO, Listen & Learn Poster display, February 17, 1998).

This working hypothesis revealed that CBR is interested in understanding whether or not focusing on assets makes a difference to citizens' health, a question which gave rise to the following topics.

First, a review of the literature was undertaken to examine the following areas: health and health promotion; social dimensions of health including social support, social capital and social cohesion; community development as a health promotion strategy, including a discussion of the meaning of community and a review of various community development projects. Chapter 2 concludes with a summary of findings from the literature with a description of the questions to be used in guiding this research. Chapter 3 outlines the methods and procedures used, including the research design; a description of the sample and population; methods and instruments used; a description of how the data were analyzed, and a discussion of rigor and ethical considerations. Chapter 4 presents the results of the research as analyzed within the theoretical framework presented in Chapter 2.

Finally, Chapter 5 provides a summary of the findings, with a discussion regarding future research needed in this area and the relevance of this research to current health promotion theory and practice.

To conclude this introduction, an additional note must be made here about the evolving practice of the CDO/CBR throughout the course of this research. While the terms "community development" and "community development office" (CDO) were used in the initial stages of the research, by the end of the data collection period, CBR staff were referring to their work instead as "community building" and have in fact changed the term used to describe their approach to "Asset-based Community Building" or ABCB. For the sake of consistency, however, the term ABCD is used throughout this document to describe the process under review. While use of the term "community development" facilitates the placement of this study in the broader context of community development literature and health promotion practice, it is hoped that the reader will keep in mind the evolving nature of CBR's practice and recognize the term "Asset-based community-building" as one that is now used interchangeably with ABCD (Community Building Resources, 2000, p. 39).

Chapter 2

Review of the Literature

In laying the groundwork for an analysis of the role of Edmonton asset-based community development initiatives in promoting health, the following terms will be reviewed: i) health and health promotion; ii) social support as a determinant of health; iii) social cohesion and social capital; iv) community and community development. Various approaches to community development will be described and a number of community development projects throughout North America will then be analyzed for their relationship to the health outcomes of both social cohesion and social support. Finally, evidence for the need to study asset-based community development will be summarized and the research question defined.

2.1 Health and Health Promotion

Since the World Health Organization's landmark definition in 1947, the concept of health has come to be viewed in health promotion circles as much more than simply the absence of disease or infirmity. WHO's definition of health as "a state of complete mental, physical and social well-being" reflected the more holistic view of health that has influenced a number of key documents in regard to health and health promotion in Canada in the late 20th Century, including the *Ottawa Charter for Health Promotion* (WHO, 1986) and its counterpart *Achieving Health for All: A Framework for Health Promotion* (Epp, 1986). While Labonte and others have argued that these documents fail to make explicit the spiritual domain of health that is evident in many cultures (Labonte, 1993; Grace, 1999; Antonovsky, 1996), they at least serve to highlight the broad number of factors influencing health such as social and personal resources, healthy environments and participation in decision-making regarding health and health policy (Epp, 1986).

While WHO's definition describes what perhaps people have known intuitively about health throughout the centuries, the challenge for health scientists in the past few decades has been to further delineate those factors known to comprise health and systematically

Much of the current interest in social determinants of health has arisen in part from a trend in both research and practice showing that a narrower focus on individual lifestyle and behaviour or the treatment of illness has done little to improve the overall health of Canadians as reflected in mortality rates from various diseases over the past few decades (Federal, Provincial and Territorial Advisory Committee on Population Health, 1996). In contrast, epidemiological data from a number of sources show a gradient in health status indicators related to factors such as income or employment conditions, education, social status and early childhood environment (B.C. Ministry of Health, 1994). A number of health promotion authors have shown particular interest the research demonstrating a significant and positive correlation between health and socioeconomic status (Baum & Sanders, 1995; Labonte, 1986; CIAR, 1991; Williams, 1990; Wilkinson, 1996). What these authors find surprising is that not only is ill-health associated with a lack of access to resources for basic living, health gradients exist even within countries and between groups who differ from each other only marginally in terms of absolute income. In other words, even when access to basic material needs is satisfied, people with less income may have death rates two to four times those nearer the top of the income scale (Wilkinson, 1996). In a well-known study of the effects of income distribution on health, Japan has been cited as an example of how an equitable distribution of wealth has coincided with some of the best health status indicators in the world, with the conclusion that "it is not the wealthiest countries which, on average, have the best health, but rather the countries with the smallest income gaps between the rich and the poor" (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994, p.13).

Rather than point us back to the physical and material dimensions of poverty that lead to ill-health, these studies illustrate further the social dimension that must be considered in understanding the effects of material poverty on health. Indeed, the social dimension is cited as a factor in considering virtually every key determinant of health. For example, the literature describing lifestyle behaviour and personal health practices as a health determinant describes the importance of "social environments that enable and support healthy choices and lifestyles" (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994, p.3). Healthy child development is recognized as a function of "how children are cared for at an early age" and that even adverse physical conditions such as poverty, severe perinatal distress and substance abuse in the early childhood environment can be ameliorated by the effects of a nurturing family environment, educational opportunities or one or more adults or "mentors", within or outside the family, who believe in a child and provide a constant source of support (Mustard & Frank, 1991; B.C.Ministry of Health, 1994). A review of the literature suggests that while a more traditional focus on medicine and genetics can not be ignored in current population health practice, the social dimension of health may indeed comprise one of "the few key priorities that have the potential to significantly impact the health of populations" (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994).

2.2 Social Determinants of Health

Given the importance of considering the social dimensions of health, it becomes important to examine current theory and practice in regard to this dimension as it is portrayed in the literature by such concepts as *social support* and *social support networks, social capital,* and *social cohesion.* This literature gives further insight into how the health of populations may be affected by employing specific strategies for addressing social issues among individuals, communities, and societies as a whole.

2.2.1 Social Networks and Social Support.

Numerous terms have been used to describe the social dimension of health, including social integration, social networks, emotional support, etc. In a comprehensive overview of the literature, Heaney & Israel (1997) define *social integration* as the existence or quantity of social ties; *social network* as the web of social relationships surrounding an individual and *social support* as a particular function of these relationships that implies "the aid and assistance exchanged through social relationships and interpersonal transactions" (p. 180-181). While common perceptions of social support tend to focus on *emotional support* as one of the primary functions of social networks, social support as a construct in fact involves a broad range of factors. In addition to the provision of empathy, love, trust and caring denoted in emotionally supportive relationships, a socially supportive relationship may be analyzed for its provision of tangible forms of aid and service, informational support and "appraisal support", which is the provision of information that is useful for self-evaluation such as constructive feedback, affirmation and social comparison (Heaney & Israel, 1997, p.180) Other authors have used a typology of six categories to describe the construct of social support: 1. Material Aid, 2. Physical Assistance, 3. Intimate Interaction, 4. Guidance, 5. Feedback, 6. Positive Social Interaction (Barrera & Ainlay, 1983).

While most authors give a broad conceptualization of social support, the literature suggests that there has been little effort to evaluate the types of social support offered by various social networks and how the quality of such interactions affect health. The vast majority of studies linking "social support" to health have simply utilized measures of social integration, by counting the number of relationships a person is known to have through objective means such as marital records, church affiliations, organizational memberships, etc. (House & Kahn, 1985). These measures are said to be important not only because they are relatively reliable and easy to obtain, but also because "the existence or quantity of relationships is a necessary condition for, and hence a partial determinant of, both the network structure of those relationships and their functional content or qualities" (House & Kahn, 1985, p.85).

Data utilizing measures of social integration are in fact impressive in both quality and volume and present a coherent pattern of the positive relationship between number of social contacts and overall health. In a landmark study conducted in Alameda County in California, Berkman and Syme tracked the mortality of men across all age groups over nine years and found that those with the least social contacts were more than twice as likely to die as their same-age counterparts with numerous social contacts while women with the least contacts were almost three times as likely to die at a given age. Aside from the known link between widowhood and increased mortality and morbidity, this study showed that a variety of social and community ties were also linked to mortality rates (Berkman & Syme, 1979).

Similarly, in a study of coronary heart disease among Israeli civil servants, Groen and coworkers found an increase risk for angina pectoris associated with social problems and conflicts and a decreased risk associated with emotional support (Groen, 1968). As well, data from a study of elderly men by Hanson in 1986 offers confirmation of the Alameda County study for this specific subpopulation. This data show that the association between all-cause mortality and different aspects of interpersonal relationships--specifically the low availability of emotional support and low social participation--remains even after controlling for confounding variables (Hanson & Ostergren, 1986). From their review of the empirical studies of social support and health published between 1972 and mid-1983, House and Kahn conclude:

> The existence and quantity of contacts with friends and relatives have also been found to relate cross-sectionally, retrospectively, and prospectively to lower rates of psychological and physical disorders and mortality.
>
> (House & Kahn, 1985, p.89).

Similarly, the CIAR asserts that the research cited above and similar research to date

> ...leads to the observation that the health effects of social relationships may rival the effects of well-established health risk factors such as smoking, blood pressure, obesity and physical activity.
>
> (CIAR, 1991, p.15).

While research measuring the quantity of social contacts may have significant value in guiding health promotion practice, authors agree that there must be more emphasis placed on analyzing both the structure and content of such relationships. In a descriptive review of 262 empirically -based articles on social support in 1993, Winemiller, Mitchell, Sutliff & Cline (1993) found that research consistently focused on the investigation of *received support* with only 6.5 % of the studies reviewed focusing on *provided support* and relatively few examining factors in network orientation such as reciprocity. Similarly, Barrera & Ainlay (1983) point out that certain dimensions of social support receive consistent attention in the literature while others are laden with imprecise terminology and require numerous inferences and assumptions about the exact nature of the support provided. For example, from the six typologies they identified, material aid and behavioural assistance were consistently described as were the categories of guidance and feedback while the category of "intimate interaction" received less attention and was variously referred to at "trust", "love", "affective support" and "reassurance of worth" (Barrera & Ainlay, 1983, p.136).

Of particular interest in this discussion is Barrera & Ainlay's complaint regarding the lack of attention in social support literature to "positive social interaction" as a dimension of social support that may be critically important to evaluate for its role in enhancing the well-being of individuals and communities. They define positive social interaction as "engaging in social interaction for fun and relaxation" (Barrera & Ainlay, 1983 p.136). While not finding strong agreement on this construct, Barrera & Ainlay argue that its absence in the literature "might reflect the tendency to regard support as a resource for the remediation of stress" (p. 136). They further question whether "social support as a stress-buffer" should be an exclusive conceptualization and agree with Caplan (1976) that "it is unfortunate that the term social support has primarily acquired a meaning that suggests the 'propping up of someone who is in danger of falling down' rather than one that conveys more growth-enhancing or strength-augmentations functions" (Barrera & Ainlay, 1983, p.137). House

One interpretation of this theory may be that people like to be able to give as much as they receive in a relationship, and should the balance be swayed in either the direction of over-receiving or over-giving, the relationship may actually be detrimental to a sense of well-being. Examining this idea more closely, Antonucci and Jackson (1990) give us one of the few empirical studies looking at *reciprocity* as an important construct in social support. Using the data sets from three major social support studies, they attempted to track the relative importance of reciprocal support relationships as sources of well-being among i) a predominately white American elderly population, ii) in a national probability sample of 2,107 black American citizens over 18 years of age and iii) from a continuing prospective study of people of 65 years of age living in France. Using equity or exchange theory, Antonucci & Jackson (1990) hypothesized the idea of a *Support Bank*, which means that people maintain an ongoing account of the amount of support or various benefits they have given to and received from others over time; an account which may be kept at different level of consciousness (p.178) Accepting the assumption that in social interactions, equal exchange or reciprocity is optimal, these authors argue that the support one provides to others without a return in the immediate circumstance may be viewed as rainy day investment for a future time when that support debt or resource may be needed. In other words, the overall point of offering support in a relationship is the idea that the recipient will in turn be able to give back to the donor, even if not until a distant and unspecified time in the future (p.179).

The results of their study are significant in that they attempt to capture the effect on well-being of both over-giving and over-receiving in relationships. Interestingly, there were striking cultural differences in this regard. The study found that blacks and whites differed greatly in the importance of reciprocal support relationships as sources of well-being, with a distinct trend found in blacks for equality of social relationships to be associated with increased well-being, while for whites, no significant effects of reciprocity were found (p.192). Of equal interest was a comparison between data sets along income coefficients.

Though these authors make no explicit reference to social exchange theory (indeed, to any theory at all!), it seems that equity theory again may go a long way in explaining the gradients in health status that occur across income groups both within and between societies. Wilkinson (1996) in particular has hypothesized that it is not the differences in absolute income that contribute to health inequalities, but rather the social meaning attached to these differences. Using epidemiological data from a wide variety of sources, including one study of seventy countries which showed that even when the incomes of the poorest 20 percent of the population were kept constant in absolute terms, the higher the incomes of the top 5 percent of the population, the higher the infant mortality rates within that country, Wilkinson argues that income inequality contributes to ill-health because it leads to the breakdown of social cohesion. In his chapter "An anthropology of social cohesion" Wilkinson argues convincingly that the market-driven, cash-based economy of the past fifty years has drastically altered the kind of mutual exchange and gift-giving practices that have characterized human society for centuries. From several qualitative anthropological studies, Wilkinson shows that prior to a monetary economy, food-sharing and gift exchange were dominant forms of social practice in most societies, with a resultant equity of access to basic human necessities. A prime example is that of the Maori system of food distribution which ensured that "starvation or real want in one family was impossible while others in the village were abundantly supplied with food" (Wilkinson, 1996, p.139). What characterized these societies was the idea that individuals or families regularly exchanged what non-monetary resources they had at their disposal in order to foster a sense of cohesion within their communities.

In contrast to these early forms of mutual gift-giving, the latter half of the 20th Century has given rise to the sense that a person's worth is tied intrinsically to their market value. Wilkinson cites Sennett and Cobb's study which showed that "the most profound effect of the relatively lowly position of manual labourers was their belief that they were inherently less capable than those above them" (Wilkinson, 1996, p.144). What Wilkinson advocates is a re-ordering of priorities, so that social commodities such as love and respect might receive as much recognition as the size of one's pocket book. Other authors have advocated a similar acknowledgment of social capital by a re-ordering our national accounting systems to include a "Genuine Progress Indicator" (GPI). A GPI is needed, they argue, in order to account for the aspects of the economy that lie outside the realm of monetary exchange; aspects such as caring parents, helpful neighbours, safe communities, open spaces, clean rivers, oceans, the atmosphere and trees (Goudzwaard, 1994; Rowe & Anielski, 1999). While it is arguable whether or not these values can be quantified and measured alongside monetary exchange, what is clear from the literature is that a recognition of and investment in social capital is fundamental to the health of our nation.

Since Wilkinson's work, a landmark study by Kawachi et al. has tested the hypothesis that "there is little direct association between income inequality and mortality after investment in social capital has been controlled" (Kawachi et al., 1997, p.1492). In a cross-sectional ecological study based on data from 39 states, social capital was measured by per capita density of membership in voluntary groups and level of social trust, as gauged by the proportion of residents in each state who believed that people could be trusted, as tested by the questions, "Do you think most people would try to take advantage of you if they got a chance, or would they try to be fair?" and "Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?". Results showed an inverse relationship between degree of income income inequality and per capita group membership (r= --.46) and a strong correlation between income inequality and lack of social trust (r=.76). In turn, both social trust and group membership were associated with total mortality, as well as rates of death from coronary heart disease, malignant neoplasms, and infant mortality. The authors conclude that the data support the notion that income inequality lead to increased mortality via "disinvestment in social capital" (Kawachi et al., 1997, p.1491).

2.3 Community Development as a Health Promotion Strategy

Given the potential significance of social cohesion as a determinant of health, the question arises of *how* social cohesion may be built and what strategies may be most effective for promoting supportive, health-enhancing social relationships. As Putnam puts it, the critical questions become "How is social capital created or destroyed? and "What strategies for building (or rebuilding) social capital are most promising?" (Putnam, 1993, p.9). A discussion on community development will ensue here as a partial answer to these questions. A focus on community development (C.D.) becomes important because a community perhaps provides the ideal setting for what Stewart describes as the bi-directional support provided by primary groups vis-a-vis the distress that may arise as a result of inequitable relationships between "clients" and "professionals" (Stewart, 1989, p.1277). In addition, Winemiller et al.(1998) point out the need to test further community-based interventions, since only 11.4 % of the empirical studies of social support up to 1987 used a community sample with 88% targeting specific populations (by age, gender, clinical status, etc.) and 3.4% drawn from an undetermined population (Winemiller et al., 1993). In short, community development will be examined here both as a promising strategy for building social cohesion and as a process about which little is yet known in terms of its overall effect on health.

2.3.1 Community and Community Development

Community development has received a great deal of attention as a strategy for health promotion since the inception of the Healthy Communities movement in Canada the mid-1980s (Manson-Singer, 1994). This popularity in part is because C.D. has been identified as hallmark strategy for achieving the kind of public participation and mutual aid that is spoken of in documents such as the Ottawa Charter (Lysack, 1994). While reference has been made to the study of community-based populations and the importance of considering "primary" groups as a focus for social support interventions (Stewart, 1989), it is important here to define the word "community" and attempt to operationalize its definition for the purpose of this study. While there are perhaps as many definitions for the word as there are unique and distinct types of communities, an attempt will be made to synthesize a definition based in the concepts of social equity and social cohesion as described above.

In a comprehensive review of the sociological and historical origins of community, Lysack (1994) points out that the notion of community is a complex and changing one, and that to use the term uncritically is to mask important yet subtle differences with respect to its relationship to health. She points out that while the notion of community was traditionally based on the premise of a common geographic locale with members being relatively homogenous and immobile in social and geographic ways. In contrast, a contemporary Western sense of community is quite minimalist in that most people view themselves as being part of a "community" if they have some sort of special interest in common with others or a purpose for banding together for even a temporary time to achieve recognition in their search for individual rights (e.g., the women's movement, environmental and peace movements). Lysack contrasts the historical notion of community "as commitment and responsibility to the group" with the modern sense of community which appears to have as central "a growing view of personal entitlement" (Lysack, 1994, p.9). She cautions therefore that it may be crucial to distinguish between communities and so-called special interest groups and that:

> If the qualities of these different groups are not distinguished, the propensity to attribute to them positive characteristics based on historical or romantic notions may be uncritically perpetuated.
>
> (Lysack, 1994, p.10)

In the context of Lysack's critique of the modern sense of community as being both temporary and focused on personal entitlement, the work of equity or exchange theorists may again be helpful in defining the word community through their use of the related term "communal" and how this discussion may inform what could be considered characteristic of community in any society. These theorists define communal relationships in the following way:

> Communal exchanges are those in which both parties feel obligated to be responsive to each other's needs in a general rather than a specific way. They assume a certain level of relationship, such as that between kin, romantic partners, and friends.
>
> (Antonucci & Jackson, 1990, p.176).

Communal relationships are thus contrasted with strictly "exchange" relationships in which individuals may interact only briefly to transact business or other affairs which require immediate re-imbursement (usually financial). According to these theorists, a key characteristic of communal relationships is that they are characterized by an ongoing series of exchanges that are ultimately equally "beneficial" to both parties. They argue that it is the longevity of such relationships that make them particularly amenable to achieving reciprocity, since members have the opportunity to balance the giving and receiving of favours over time. This understanding of communal relationships is reflected in Antonucci & Jackson's (1990) *support bank* concept in which members of an intimate group are able to build up equity over time by offering support to those with whom they expect to be acquainted in the future. According to these authors, a certain degree of commitment and longevity characterize relationships of a truly "communal" nature, providing members with the opportunity to reciprocate favours with or without the use of financial equity.

In contrast to this view of communal relationships as being primarily about building up social equity over time and the idea of people feeling obligated to care for each others' needs, contemporary definitions of community development tend to de-socialize the concept and describe C.D. in terms of individual empowerment or the ability to resolve certain problems which may arise in the material or political environment of a neighbourhood. Take for example this definition put forward as a standard in health promotion literature :

> Community development is people taking charge of their own futures. It is people identifying commonly-felt problems and needs and taking steps to resolve the problems and meet the needs. It is people struggling to make their community a better place to live out their lives than it ever was before.
>
> (Four Worlds Development Project, 1984, cited in English, 1995).

Arising from this definition, the literature describes at least three models of community interventions that have come to be loosely described as "community development" within the health promotion field, namely: *locality development, social action* and *social planning* (English, 1995; Rothman & Tropman, 1970). Of these models, locality development is an approach which most focuses on the building of relationships among community members with a focus on collaboration and an interactional problem-solving process that recognizes the value of involving a broad spectrum of people in the change process. In comparison, the *social action* model tends to focus on disadvantaged groups within a society and seeks to organize these groups in order to "make demands on the larger community" (English, 1995, p. 518). The *social planning* model is primarily expert-driven, with the underlying view that change in a complex society requires a rational, deliberately planned and controlled approach to problem-solving by expert change agents (English, 1995).

An important critique of these various approaches to C.D. in health promotion involves an analysis of the power structure in the intervention and how well the approach "enables individuals and communities to increase control over the determinants of health and thereby improve their health" (definition of health promotion cited by English, 1995, p.515). While *empowerment* is a term often associated with community development, Labonte (1993) cautions that we must be careful to acknowledge the *relational* aspect of the term--that is, in order for power to be gained by some, it must be given up by others. A critique of C.D. approaches, then, must include an analysis of how well the professional groups involved facilitate a relationship such that power can be taken by individuals and communities with whom they are working. Labonte cautions that instead of stating that professionals "need to empower this or that group" (the transitive meaning in which *empower* has an object), we recognize empowerment as the act of "gaining or assuming power". He points out the importance of recognizing the intransitive meaning of empowerment: "continually stating *we need to empower this or that group* creates and reinforces a world of professional practice in which non-professional groups are incapable of their own *powerful* actions (Labonte, 1993, p.52).

From this viewpoint, approaches to community development such as the social planning model must be critiqued for their reliance on the expertise of professionals to define community problems. Even the social action model of C.D. may criticized for its depiction of community members as "victims" who are more or less inherently disadvantaged and powerless "to take action against enemy targets" (Rothman, 1970, p.29). Alternatively, the asset-based approach to C.D. advocated by Kretzman & McKnight (1993) offers a form of locality development that assumes a power base originating from communities themselves in that individuals are viewed as already possessing the assets, gifts and abilities that will enable them to increase control over and improve their own health. C.D. in this instance is a process-oriented approach that attempts to facilitate the discovery of individual strengths and interests and to connect these interests with others in an effort to develop a shared sense of capacity and power. In this sense, ABCD reflects the "power with" approach advocated by Labonte, rather than the power over approach modeled by social planning or the *power against* concept advocated by social action models. Proponents of CCB & AM© in Edmonton have in fact distinguished their work from a social action model in the following way:

> We don't believe in singling people out for their deficits and planning activities around reaching the labeled people. Our idea is to build with the community as a

> whole. As the broader connections are made, people will naturally become a part of things.
>
> (personal interview, CBR facilitator, March 18, 1998).

Rather than focusing on disadvantaged or special interest groups, ABCD is based on the more traditional view of community as defined in part by geographic location. CBR's emphasis on *place* or a geographic definition of community is in keeping with Patrick and Wickizer's (1995) conception of *community* whereby it "concerns the entire complex of social relationships in a given locale" or "that area the resident population of which is interrelated and integrated with reference to its daily requirements whether contacts be direct or indirect" (p.51). Keeping in mind that the modern sense of community has been affected in profound ways by increasing social and geographic mobility, Patrick & Wickizer (1995) point out that none-the-less most North Americans live in a defined geographic neighbourhood, and that a locality development model provides a much-needed focus on those social and environmental influences which are "most proximal to the individual" (p.50).

The critical element here is ABCD's focus on the "entire complex" of relationships within a given locale. This means that ABCD attempts to connect people across the entire spectrum of socio-economic class, education and income level that may exist in any given community. Because people are first of all viewed as gifted individuals who have much to offer in relationship to others, reciprocity is viewed as a key value in the context of community development. Instead of professionals helping clients or the "rich" helping the "poor", residents of a neighbourhood are each seen as having something to contribute to the overall health of the community. As McKnight defines it, community is "the basic context for enabling people to contribute their gifts" and that in viewing community this way, we will see:

> ..a society where those who were once labeled, exiled, treated, counseled, advised, and protected are, instead, incorporated in community where their contributions,

> capacities, gifts and fallibilities will allow a network of relationships involving work, recreation, friendship, support, and the political power of being a citizen.
> (McKnight, 1987, p.57)

Because of its emphasis on the inherent giftedness of even the most isolated and disadvantaged within any given population, ABCD holds promise as a unique mechanism for promoting social cohesion within contemporary communities. In keeping with Barrera & Ainlay's (1983) view that social support interventions may hold promise for much more than simply alleviating crises, ABCD's focus on the positive and the value of relationship-building other than simply for problem-solving holds great promise as a means for developing the kind of social capital advocated by Putnam (1993), Kawachi et al.(1997), Goudzwaard (1995) and others. While it may hold to the more traditional norms of community as a geographic construct, at least these norms have been made explicit and have been found to be consistent with the principles of equity or social exchange theory that assume a certain level of interaction and opportunity for reciprocity over time. By seeking to make explicit the resources, gifts and abilities present within a community, and to promote the value of these gifts, CCB & AM© takes a first big step in enabling groups to develop the sustainable dynamic of mutual giving and receiving that has characterized socially cohesive societies throughout time (Wilkinson, 1996).

2.3.2 Examples of Community Development Projects

In light of the above discussion , a critical review be undertaken here of projects found in the literature pertaining to community development with an analysis of how these projects reflect the notions of reciprocity and potential for the development of social cohesion. While numerous references to *community development* may be found in articles pertaining to health promotion theory, a critical review of the literature reveals that relatively few articles describe actual community development projects underway in North America. In a comprehensive overview of community development literature as it relates to Public Health Nursing practice in Canada, Ploeg, Dobbins, Haywar, Ciliska, Thomas &

Underwood (1997) conclude that of the 47 articles assessed as describing relevant community-oriented projects, 24 were classified as *community development* while 23 were classified as *community-based* programs. Since several articles describe the same project, a total of only 17 community development projects are described by Ploeg et al. as fitting the criteria for relevance. Of these 17 projects, only four received a "strong" rating because they provided an adequate description of the project participants, context, problem-naming, planning and action phases (Ploeg et al, 1997).

Though Ploeg's analysis is limited in that it evaluates C.D. projects simply on the basis of the adequacy of their presentation, several of these projects have elsewhere received recognition as prime examples of community-based health promotion initiatives. One such example is the Tenderloin Seniors Outreach Project which began in inner-city San Francisco in the late 1970s. This initiative began with the work of student volunteers from outside the community, who began to meet weekly with inner-city Seniors to "engage in dialogue about shared problems and their causes and to generate potential action plans" (Minkler, 1992, p.308). This dialogue eventually became the basis for project activities such as a cooperative weekly breakfast program, mini-markets and the initiation of a safe-houses in response to the problem of neighbourhood crime. While these outcomes appear impressive, Minkler (1992) also describes some of the problems encountered during the 12-year course of the project such as residents experiencing "task exhaustion" or "volunteer burn-out" (p. 310, 311). While the project initially started out with a problem-focused, community organizing approach, Minkler admits that perhaps more attention could have been paid to "non-cause-oriented" group interaction and providing for at least "minimum levels of social interaction" among residents (p.312).

Another example of C.D. work found in the literature which illustrates more clearly a focus on relationship-building and social equity is the Madres a Madres program initiated with Hispanic mothers in inner-city Houston in 1989. Using strategies of community leadership development and coalition-building, this program works with a natural network of volunteer mothers within the local community to identify common issues and strategies for change (McFarlane and Fehir, 1994). The defining element of this project is that the women involved decided to make *caring* the focus of their outreach program with their relationships based on the principle of reciprocity in which "everyone has a unique contribution to make" and the role of the professional is defined as "an equal partnership" (p. 393, 384). A key indicator of this reciprocity is the fact that the project ended up making funds available first of all to hire two volunteer mothers to work alongside professional staff and eventually to have the mothers totally manage the program with three of them as paid staff managing a volunteer corps of 40 mothers who helped over 7,000 residents in the fifth year of the project. In summarizing the evaluation data for this project the authors make reference to an overall improvement in "community economy":

> ...the Madres a Madres program nurtures and supports an economy in the community that is distinctly different than the usual economy. ...The community economy is composed of household, family, neighbourhood and community sectors, which can be collectively called the community economy. Signs of health in the community economy are when strangers who live in the same neighbourhood start acting like neighbours, neighbours start acting like extended family, and communities become reinvigorated with pride, self-esteem and purpose. These signs of health are evident in the de Madres a Madres community.
>
> (Fehir & McFarlane, 1994, p.392).

Another example found in the literature of a project based on community development principles is the Casa en Casa Health Education Project in Oakland California. Originating as a number of neighbourhood education groups that met in homes of the Latino community primarily for support and to receive information on health-related topics, this program developed an emphasis on training participants in the groups to become lay health promoters, a role that implied a combination of community advocate, educator and organizer (Meredith, 1994). Organizers of the program hoped that these lay health promoters would eventually form an organized group that would set the direction and objectives for health education within their communities and become a powerful voice for change in Oakland. A review of the project in 1991 (15 years after its inception) revealed that although 15-20 trained health promoters were involved as facilitators of the neighbourhood education sessions, they still depended heavily on professional staff to set the direction for these sessions and were generally "unaware of the long-term community organizing goals of the project" (Meredith, 1994, p.362).

Interestingly, in her analysis of the failure of this project to reach its long-term goal, Meredith remarks on the fact that the program perhaps focused too heavily on promoters' knowledge of different content areas while not addressing the need for participants to develop skills in the areas of facilitating a meeting, planning projects or managing group dynamics. She notes that volunteers "participate on an individual basis in the program either due to the desire for personal growth or because they want to work for their community...they do not perceive themselves to be a group" (Meredith, 1994, p.362). As well, there is no mention in the content of the program of promoters being encouraged to reach outside the education groups to develop networks with the wider community. In a sense, the program failed to foster the necessary relationships both among promoters and between promoters and the wider community. Again, its emphasis was on social action to effect change, rather than on developing the relational networks at various levels that would foster additional outcomes for health.

In attempting to analyze such inadequacies in contemporary community development efforts, Minkler astutely observes the basic social and cultural differences between contemporary urban North America and the rural peasant communities among which Freire's (1970) method originated. She notes:

> Freire's method was designed for use among rural peasants who already were well-integrated into a network of kin and community. Hence, a basic level of support

> and routine interaction was assumed, which may not exist among the more isolated low-income elderly. In work with the latter, the building of social interaction opportunities and skills must be seen as a critical prerequisite and adjunct to the effective use of the Freire methodology.
>
> (Minkler, 1994, p.312)

Lessons learned from the formal C.D. projects reviewed in the literature thus support an emphasis on *relationship-building* in any community development effort. While the goal of effecting a certain degree of change and improvement of the environment may be paramount, the means to the end becomes important as well, with a shift in emphasis to include the importance of intimate interaction and the kind of positive social interaction earlier alluded to by Barrera & Ainlay (1983).

While the above C.D. projects have been documented extensively in the health promotion literature, a number of projects exist across Canada and in the United States that have been written up only in informal ways without the rigorous criteria of academic reporting. While such projects may not be identified in the formal C.D. literature, it is important that they be recognized here for their value in contributing to the overall theoretical knowledge of what in fact constitutes *community development.* Ten such projects have been presented in case study format in a report commissioned by the Muttart Foundation in Edmonton (Klingle, 1997). This document will be reviewed here, again with specific attention to the elements of the various projects that reflect the values of reciprocity and a locality development approach to community development.

Of the ten projects reviewed by Klingle (1997), six originated as a result of a concern for typically marginalized communities such as the disabled adult population in Prince George, B.C.(Project Friendship); mental health survivors in Toronto (A-Way Express courier service); welfare recipients in Montreal (Resto-Pop community restaurant); women involved in prostitution in Edmonton (Kindred House); aboriginal children in Lac La Biche

(Aboriginal Head Start/ Awasisak and Family Development Circle) and homeless street people in Toronto (StreetCity & the HomesFirst Society). The remaining four projects reviewed are targeted at more generalized populations such as working families in the Bothell neighbourhood of Washington, U.S.A. (The Family Support Network); residents of Abbotsfield and Rundle Heights neighbourhoods in Edmonton (the Abbotsfield-Rundle Heights Community Development Plan); residents of Pinecrest and Queensway neighbourhoods of Ottawa (West End Community Ventures) and parents and school children of various neighbourhoods throughout Edmonton (Parent Parking Patrol).

Of the projects targeting disadvantaged groups, two provide clear examples of how an asset-based approach to community development can result in the re-integration of these groups into society with an increase in opportunity for friendship, employment training and meaningful work. Project Friendship in Prince George began with the work of five disabled people in partnership with Lorna Dittmar and John McKnight who developed a program that provides for regular visits to disabled individuals in their homes to learn about their interests and then contact specific organizations to see if they will welcome such an individual into their activities. The focus of the program is to strengthen the community life of Prince George by providing the opportunity for disabled people to use their strengths, gifts and skills alongside other members of the community. Based in the principle of reciprocity, one of the project's founding members says this: "I think it's a very important thing to remember that this can't be another service that we're developing. What we're developing are friendships and hospitality, and of course you're not paid for those things. These things come through connecting people with other people" (Klingle, 1997, p.15).

A-Way Express courier service in Toronto provides another example of how focusing on a skill rather than a disability has proven to be an effective means for integrating survivors of mental illness into a broader social network. This project was initiated in 1986 when a group of mental health survivors from two Toronto mental health agencies began to meet weekly to discuss innovative work opportunities for themselves and to develop the concept of an empowering workplace where employees could be supported to become more independent. A-Way Express currently employs about 40 couriers and receives about 100 orders a day from between 800 to 1000 active accounts with government offices, non-profit organizations and numerous private sector companies, including law firms, medical offices, consulting companies and financial services (Perry, 1994). By embracing the principle that everyone has capabilities and skills and helping people to see this for themselves, many for the first time, A-Way provides the opportunity for mental health survivors to "demonstrate to the public that mental health survivors can undertake productive jobs, thereby dispelling stereotypes" (Klingle, 1997, p.21). Interestingly, program participants attribute its success "to the personal support that each courier receives and the sense of purpose in the work" and note that the relapse rate for A-Way staff returning to hospital is only about one percent as compared to the usual rate of between 30 to 60 percent (Perry, 1994, Klingle, 1997)). In this way we can see that in building a sense of support among participants, A-Way Express has facilitated the development of a broader network of contacts with individuals, organizations and businesses in the community.

Finally, the literature describes an asset-based approach being used on a broader community level with the Family Support Network (FSN) in the state of Washington. The FSN was founded in 1992 by Cheryl Honey, a Bothell area wife and mother of four children who began to meet regularly with other families in the neighbourhood to support each other and pool resources in an attempt to balance the stresses of work and family. From there, Honey began to develop a database of people who had experienced similar circumstances or who shared common interests. She compiled this data and began connecting neighbours to one another by telephone, in person, and over the internet. The FSN Databank, listing the abilities, assets and expertise for each person in the network, has been accessed by more than 1,000 individuals seeking assistance and all who call receive personalized responses by phone, mail, e-mail or personal visits (Honey, 1996).

Based in the reciprocal principle of "do unto others as you would have them do unto you" FSN's key values also embrace the concept of maximizing collective reward: "The more resourceful we are amongst ourselves, the more valuable a resource we become to our families, our communities, and our world" (Klingle, 1997, p.32) Illustrating the concept of equity in relationships, Honey describes these aspects of FSN: "Through FSN, no one person is over-inundated with having to assist a large number of people on their own. ...FSN is a natural, informal support system where every person has access to each other ...many of those who have been helped by FSN have chosen to become involved as helpers themselves" (Klingle, 1997, p.33-34).

Other examples of an *asset* or *capacities-based* approach to community development reviewed by a case study approach in the literature include the Interfaith Action project which focuses on economic development in low-income neighbourhoods in Minneapolis; the Sierra County Children's Health Collaborative in rural California and the Banana Kelly Improvement Association located in the South Bronx. These projects utilize a *capacities-inventory* approach as the basis for large and small-scale local economic development projects; for creating and expanding networks of local people who can exchange resources with one another; and for creating job and career opportunities (McKnight & Kretzmann, 1997).

2.4 Summary and Implications for Research

A review of the literature gives ample evidence for the importance of studying asset-based community development as a promising strategy for promoting health through its effect on the health determinants of both social support and social cohesion. Social support in this case will be considered as a broad concept including much more than the cognitive or emotional domains previously emphasized in the literature. ABCD will thus be analyzed for the extent to which domains such as material aid, physical assistance, intimate interaction, cognitive feedback and positive social interaction are addressed as part of community interactions (Barrera & Ainlay, 1983). Using equity or social exchange as a theory to guide the research, ABCD will be analyzed for its effectiveness in promoting equitable relationships among participants or relationships in which they feel they have ample opportunity to both give and receive from others. Further, in evaluating ABCD as a mechanism for promoting social cohesion, it will be analyzed for its effectiveness in bringing together individuals and groups from a variety of social and economic backgrounds, including various income levels, educational, cultural and ideological backgrounds. As a means of building social capital, ABCD will be analyzed for its role in promoting the value of human relationships; for re-orienting the priorities within neighbourhoods and communities to consider the gifts, skills and abilities of its citizens as a form of equity that is at least as important as money in the bank.

Given the importance of addressing the social (including economic) determinants of health in developing strategies to affect the health of a wide variety of Canadians, this research will attempt to answer the following question:

> How does involvement in asset-based community development influence the well-being of Edmonton citizens?

Investigation of this question will provide pertinent and timely information about effectiveness of ABCD as a health promotion strategy for Edmonton citizens. This knowledge may then contribute to the development of population health initiatives in other cities and in Canada as a whole. Lastly, it is hoped that the information will be useful for CBR and the neighbourhood partners involved, in order to build on the strengths they have already discovered and improve on the practice of ABCD both in Edmonton and beyond.

Chapter 3.

Methods and Procedures

3.1 Research Design

From its inception, this study was meant to be but one component in the ongoing process of evaluating ABCD initiatives within the Edmonton region. Evaluation research typically includes gathering information in five key areas: 1) description of activities or the *What* ; 2) reasons for success or the *Why;* 3) Impact evaluation: *So What?;* 4) What could be done differently: *Now What?*; and 5) Use of Evaluation Results: *Then What?* (Health Canada, 1996; Patton, 1997). In this case, the ***Listen & Learn I & II*** sessions conducted by the CDO in 1997-98 provided ample information on *What* ABCD is all about; what things worked and what didn't (the*Why)* and also beginning information on what participants would do differently (Dedrick et al, 1997, 1998). This study thus attempts to build on the evaluation process by asking the *impact* question, or "So what difference did it make that we did this work?"

In addition, methods chosen reflect a commitment on the part of the researcher-investigator to a *participatory action* approach. While the term Participatory Action Research (PAR) has taken on various meanings within the academic field, most authors agree that it is in principle a participant-controlled process; a process in which community members identify the problems to be studied and are intimately involved at every stage of the research process in order to ensure that the outcomes are both relevant and meaningful to their situation. Numerous authors describe how this kind of approach is particularly suited to grassroots community groups as they seek to describe their specific contribution to the health of their communities (Barnsley & Ellis, 1992; Eng & Parker, 1994; Park, Brydon-Miller, Hall & Jackson, 1993).

Because of this commitment to a participant-controlled process, numerous preliminary discussions were held with CBR staff before the research questions and methods themselves were framed. Through these discussions, qualitative methods were chosen which would allow participants as much freedom as possible to "tell their own story" in relation to community-building and health. Even the term *health* was seen as subjective and difficult to interpret in some cases. Qualitative methodology was thus chosen because of its emphasis on describing settings or events from both a subjective and emic perspective (Morse & Field, 1994). Questions were sought which would elicit both the meaning of *health* for participants and how they perceive it is affected by their current community involvements. And since the relationship between community connections and health is still little understood, this study was particularly suited to the qualitative research design which would seek to "investigate little-understood phenomena, identify/discover important variables, and generate hypotheses for further research" (Marshall & Rossman, 1995 p. 41).

In particular, an ethnographic design was used because of its emphasis on gaining a full description of the phenomenon in question through documenting in detail the processes observed and participants' perspectives on these processes. Simply put, ethnography is about "trying to understand what is going on, as much as possible through the eyes of the participants themselves" (Mays and Pope, 1996). Ethnography typically employs data collection methods such as document review, participant observation and in-depth face-to-face interviews. Again, because of participant preferences and a desire to disrupt the natural mileu as little as possible, participant observation and document review became the primary methods of data collection with interviews being used only as a supplementary means of data collection.

A *constant comparative* approach was then used in regard to data analysis with an emphasis on comprehensive, accurate representation of participant's views and the tactic of reading and re-reading; listening and re-listening to the data in order to identify major patterns or themes that occurred. These themes were then examined in relationship to each other and compared for overall fit and consistency. Using an inherently inductive approach, this method was used with an intent to *look at data* that would lead to new or emerging theory rather than *look for data* to support previously formed hypotheses (Robrecht, 1995).

3.2 Population/Community

The population sampled for this study consisted of the Edmonton neighbourhoods with which the Community Development Office, Capital Health (CDO) and its partner business Community Building Resources (CBR) have developed a network through their presentation of the *Community Capacity Building & Asset Mapping* © and *Steps to Capacities Success*© workshops over the past four years. The Asset-based Community Development (ABCD) network currently consists of at least seven diverse neighbourhoods within the Edmonton area. These include Beverly Towne in Northeast Edmonton, Celebrate Parkallen, the Jasper Place Gateway Foundation in West Central Edmonton, Mapping Inglewood Assets, Norwood Community Action Project, the Oliver Community League and Action for Healthy Communities in central Edmonton. The ABCD network is continually evolving to include any interested members from other Edmonton neighbourhoods, including those from a recently-initiated community development project in the downtown McKay Avenue district. The ABCD network is defined both by the mailing list used by the CDO and those communities regularly represented at the monthly "Chat & Chew" sessions held in various parts of the city.

The primary criteria for inclusion in the study was thus a familiarity with the asset-based approach to community development. While it was not essential that a particular community group had hosted an Asset-Mapping workshop, participants needed to be familiar with the CDO/CBR and describe themselves as espousing an asset-based approach as it is reflected in CBR's promotional material. Most importantly, interview participants must have exhibited regular involvement within their communities for a minimum of six months prior to the interview, as would be evidenced by regular attendance at neighbourhood gatherings and participation in the planning and implementation of various events. Groups sampled for participant observation included a diverse range of ages, occupational status, language and cognitive abilities.

3.3 Sample Selection

A combination of sampling strategies, both purposive and convenient, was used for field observations and individual interviews (Miles & Huberman, 1994). First of all, sampling was somewhat *theory-driven* as is often characteristic of the qualitative approach (Miles & Huberman, 1994). Since the study was aimed at uncovering how the community development process influences determinants of health particularly in the socioeconomic domains, group settings were sought which would represent a diversity of income, education and other socioeconomic variables. Thus, participant observation was conducted in settings as diverse as a small-town hotel during a weekend retreat, central Edmonton's Boyle-McCauley neighbourhood, the suburban neighbourhood of Grandin, St. Albert and the more historic, middle-class neighbourhood of Parkallen in south Edmonton.

In addition, *reputational* cases were sought--the settings or stories which were recommended by CBR staff as being particularly representational of an Asset-based approach. Thus the focus was on attending monthly *Chat & Chew* sessions, CCB & AM© Workshops, and community-building retreats (C.B.II and C.B.III). This strategy also led to the interviewing of two key informants, one of whom had been actively involved with community-building initiatives for over 25 years, and the other who had been a particularly keen member during the asset-mapping initiative within her neighbourhood. In order to meet the ethical requirements of informed consent, only persons over 18 years of age and fluent in English were considered for the interview component of the study.

Once the more typical settings had been observed and patterns had begun to emerge in the data, sampling proceeded in order to achieve a certain degree of *maximum variation* in the data--in other words, to look at potential outlier or disconfirming cases to see whether these main patterns would still hold (Marshall & Rossman, 1995; Miles & Huberman, 1994; Patton, 1997). This sampling consisted of looking for participants who had been closely involved with ABCD but at some point or another had withdrawn or become less involved. It also involved looking at outlier settings, or those groups who have not been typically associated with asset-based initiatives but whose members personally espouse an asset-based approach to their community involvements. This sampling strategy was intended to provide for a more in-depth analysis and to strengthen the credibility of the study by beginning to qualify the conditions under which the findings would hold (Miles & Huberman, 1994).

While the principles of "typical case" and "maximum variation" were intended, sample selection was also determined by convenience and the desire to disrupt the setting as little as possible. While several other informants identified themselves as potential interview participants, those were selected with whom the researcher had developed a more in-depth knowledge of and relationship with throughout the first six months of participant observation. While perhaps compromising the generalizability of the findings, this selection process ensured that the principles of reciprocity and mutual trust were maintained, values which some authors suggest are central to the success of any ethnographic study (Marshall and Rossman, 1995). In addition, the number of settings and individuals sampled was affected by time constraints. While the original plan was to interview up to 7 participants during the latter half of the study, the quantity of information obtained through the first 5 interviews, document review and participant observation yielded sufficient data to begin to see consistent themes and patterns during analysis. While more categories may have been confirmed through additional interviews, time constraints limited the findings to those themes which emerged with relative consistency throughout participant observation and analysis of the first 5 interviews. It was felt that these categories were sufficiently dense and the relationships between categories sufficiently clear to achieve an adequate degree of "theoretical saturation" (Strauss & Corbin, 1990).

3.4 Methods and Instruments

Data were collected primarily through document review, participant observation and in-depth individual interviews, all of which were conducted by the researcher-investigator.

3.4.1. Participant observation.

Observation of Edmonton area ABCD activities began several months prior to the formation of the research question. At the request of CBR staff, the researcher began meeting with them in February of 1998 in order to begin to explore a research question that would be relevant to their needs in addition to serving the more general interests of Health Promotion theory. This exploration time included 2 in-depth planning meetings with CDO staff; observations made during an incidental meeting with a potential community informant; participation in 3 monthly "Chat & Chew" sessions, each of which had a cross-section of community members present; and the in-depth observation of a one-day CBR retreat/planning session on March 26, 1998. All in all, preliminary observation time consisted of approximately 25 hours of involvement with the ABCD Network in one form or another.

While written observations of this period were not used as part of the final data, this time served as the "first days in the field" or initial immersion in the research setting, which ethnographers put forward as being essential to establishing an appropriate focus for the research question (Marshall & Rossman, 1995). This preliminary period was also helpful in determining the degree of access the researcher would have to the site, the extent to which a rich mix of the people and processes of interest would be present, and perhaps most importantly, the degree to which the researcher would be able to build trusting relationships with participants in the study (Marshall & Rossman, 1995).

Once preliminary observations had been made and the research question determined, the observation period was continuous in order to reduce any feelings of artificiality or disruption of my role as a participant-researcher. Formal observations began during a weekend-long Community Building retreat held in Swan Hills, Alberta (C.B.II); continued with 4 monthly Chat & Chew sessions; another weekend-long retreat in the McCauley neighbourhood of Edmonton (C.B.III), a one-day CCB & AM© Workshop held in early December; monthly 1 1/2 hour Chat & Chew session for another 4 months and a final weekend of observations during a Community-Building IV event held in Grandin neighbourhood of St. Albert. Interspersed with these more formal observational settings were numerous telephone conversations and meetings with community members with regard to various community garden projects; special events; and an exploration of community dynamics through the researcher's work with an Edmonton downtown neighbourhood. Including the three weekend retreats, ten Chat & Chew sessions, the workshop and various phonecalls, a total of seventy-two hours was spent in participant observation over the ten- month period. The observation events constituted the full extent of participation opportunities available during this time.

Field notes taken during the observational period were kept in a 3"X5" journal and then transcribed into a Word 5.0 document. Note-taking during the gatherings included observations on who was participating, content of the discussion, how participants related to one another, the mood of the event, etc. The complete set of questions used as a guide for observations is included in Appendix G. In order to limit the disruption of note-taking on site, only brief entries were made during the gatherings and then supplemented with additional notes afterwards, usually within 24 hours of the event.

Since it had been agreed at the beginning of the study that the researcher's role be as naturalistic as possible and this was a setting where active participation was a key value, the primary focus during the gatherings was to participate in the discussions first of all as a community member, then as a researcher--observer. As a crucial component of the qualitative process, observations of the researcher's interactions and responses to what was happening then became part of the research data (Mays & Pope, 1996).

3.4.2 Interviews.

In-depth personal interviews conducted following approximately six months of participant observation provided the opportunity to question participants about various events observed during community gatherings and to develop an understanding of their significance to the individual community member. Interviews were conducted separately from community activities, since the atmosphere of events observed was inappropriate for extended one-on-one conversations. Interviews in this case were intended to off-set the limitations of participant-observation data, which included the possibility that the researcher's selective perceptions as an observer may have distorted the data (Mays & Pope, 1995, Patton, 1997). Interviews allowed the opportunity to explore the internal states of various participants and to elicit perceptions and perspectives that were affected by various levels of bias, experience and level of awareness, all of which had been evident in the community gatherings observed. While it would have perhaps been ideal to interview several more participants, the time and cost involved in both arranging for interviews and transcribing recorded data limited this portion of the study. As well, the combination of observation and interviews allowed for the researcher to balance the need for more in-depth information with the need to disrupt the setting as little as possible.

Interviews were guided by one general question that attempted to elicit the participant's story of their involvement in a particular asset-based initiative. The guiding story question in this case was 'I am interested in knowing more about how community involvement and activities affect health. Can you tell me about your experience with ________(the name of participant's neighbourhood or community)?' Probing questions were used only when it was felt that more complete information or details would be available or desired from the participant. Probes included questions that reflected the theoretical underpinnings of this study, namely, questions regarding the influence of community activities on determinants of health such as sense of social connectedness, physical well-being, access to employment, learning, etc. (See Appendix G for a complete list of potential probes).

With 4 out of 5 participants, a segment of the interview was dedicated to eliciting their particular perception of the term *health* or *well-being* . These perceptions were then incorporated into the use of the overall guiding story question.

Two out of the five interviews were conducted in participants' homes, one with minimal interruptions and the other with several interruptions by a barking dog and a family member entering and exiting the interview room. Another interview was held in the lobby of a local community agency, with numerous people passing to visit a nearby cafeteria. The fourth interview was conducted in a closed-door room of a multi-office space while the fifth was held in the side room of a neighbourhood community hall. Interviews ranged from 50 to 85 minutes in length. All interview sites and times were chosen at the convenience of the participants and were private enough to allow for both the comfort of individual respondents and an adequate tape-recording of the event.

3.4.3 Document Review.

Participant observation and interview data were supplemented with an ongoing review of the documents produced for various purposes throughout the course of events with the ABCD network These documents included the minutes of community gatherings, address and phone lists, advertisements of special events, financial reports, the workbook from an Asset-Mapping Workshop, CBR's monthly communiqués and the comprehensive *Listen & Learn* reports published by the CDO in September of 1997 and October of 1998. A review of documents typically consists of "the systematic examination of forms of communication to document patterns objectively" (Marshall & Rossman, 1995, p.85). In this case, documents were reviewed in order to verify data obtained during participant observation and to gather further information about the values and beliefs of participants in the setting. Documents were analyzed not only for content but for readability, method of distribution and relevance to the research theme.

The greatest strength of document review as a research tool is its unobtrusiveness and the fact that it can be conducted with virtually no disturbance to the research setting (Marshall & Rossman, 1995). As well, material from a document review is easy to manipulate and categorize for data analysis. In this case, document review also provided for a more objective "third voice" in the data, a voice which helped to facilitate analysis, check for validity and assist with the triangulation process required in sound qualitative research (Marshall & Rossman, 1995).

3.5 Data Analysis.

Analysis of data began after the initial transcription of both interview and participant observation data. Since the tape-recordings were transcribed by the researcher, data were listened and re-listened to a minimum of three times in order obtain a word for word account of what said by both the researcher and participant during the interview. While time-consuming, this strategy enabled the researcher to gain an in-depth knowledge of the data and begin the reflective process at an early stage of data transcription.

Once entered on a computer data base using Word 5.0, field notes were reviewed for accuracy and then reviewed on a line by line basis and grouped together where they seemed to contain one key thought or idea. Notations were then made in the margin of a key word or phrase that described that line or group of lines. Once these initial codes were assigned, they were compared with one another and phrases of similar content were grouped together and assigned a theme or category name that was based as much as possible on participants' own words and indigenous concepts (Morse & Field, 1995).

Transcriptions of the interviews were coded in a similar fashion using the constant comparative mode of analysis in order to identify emergent themes. Interview themes were then compared with categories from participant observation data and a second-level coding was done in order to re-categorize and condense codes and to observe the relationships between data sets, for example which concepts seemed relevant across data sets and which seemed particular to only a portion of the data (Morse & Field, 1995).

Initial themes and categories were then reviewed with research participants in order to verify, revise, or expand on the findings. While a participatory approach would have had participants involved even at the initial stages of analysis, time and interest constraints dictated that this was feasible only at the secondary stage of analysis. Initial findings were presented in a number of settings during the analysis process: in an academic, peer review setting; in ongoing discussions with CBR staff; in individual conversations with research participants, and during the more ad-hoc reporting activity of a Chat & Chew event. In addition, two meetings were conducted with participants towards the final stage of data analysis in which both interview participants and a larger group of network members were presented with the findings and provided with the opportunity for feedback. Input from these sessions was used primarily in reworking category names and refining the conceptual model arising from the data.

3.6 Rigor.

Several important constructs determine whether scientific rigor has been achieved in qualitative research. One of these is *credibility,* in which the goal is "to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described" (Marshall & Rossman, 1995). As Guba & Lincoln put it, the inquiry must be "credible to the constructors of the original multiple realities" (Guba & Lincoln, 1985, p. 296). Credibility in this study was achieved first of all by an extensive immersion in the research field, giving the researcher multiple opportunities to explore the complexities of interactions and observe changing conditions in the phenomenon over time (Marshall & Rossman, 1995). Credibility was enhanced by the fact that the researcher's knowledge of and relationship to the setting preceded the study itself, a factor which served to enhance an understanding of its parameters. Further, validity was obtained by having participants involved in a review of the preliminary analysis and contribute to the identification and naming of categories as they emerged.

Secondly, the *transferability* or *generalizibility* of findings from the sample to the larger population was confirmed by presenting a preliminary analysis of the findings to the larger ABCD group and inviting feedback from participants who had not been part of the interview or observation process. Using multiple sources of data to confirm perspectives of participants other than through direct questioning also enhanced this study's usefulness and potential for generalizability to other settings (Marshall & Rossman, 1995). But perhaps most importantly, data was analyzed within the framework of health promotion theory and multiple determinants of health, a framework which will make the study useful in doing a cross-sector comparison of similar programs and populations.

Finally, while the credibility of the investigation may have been enhanced by an in-depth immersion in the field, allowing for a greater depth and variety of data collection, it also posed the risk of over-involvement in the group culture to the detriment of the research agenda (Mays & Pope, 1996). The need for *dependability* and *confirmability* of the findings was addressed by an attempt to search for negative instances; checking and re-checking the data, purposeful consideration of alternative hypotheses; and an openness to academic peers or others who would play "devil's advocate" and critically question the analysis. Although time did not permit for coding "audits" to occur in which a team of participants or peers could have reviewed the data and developed comparative codes, the data has at least been kept in an organized, retrievable form which can readily be made available if the findings are challenged or if participants want to re analyze the data in any way. These strategies can help to offset the bias in interpretation that can occur within the subjective context of qualitative research inquiry (Marshall & Rossman, 1995).

3.7 Ethical Considerations

A key ethical concern in the conduct of any qualitative research is the issue of role and reciprocity. Since the request for this research was initiated by CBR staff, initial entry into the setting was easy and the time taken for orientation to the setting was readily given on a volunteer basis. However, continued efforts needed to be made in order to inform community participants at various levels of the ABCD network and to ensure that participation was open and voluntary in all instances. This was done by announcing the research regularly at Chat & Chews for the first three months; making available a written description of the study and research questions at network gatherings, and letting participants know they could ask that observations be terminated at any point in the research process (See Appendix D, Introductory Letter & Announcement).

In addition, interview participants were provided with an information sheet (Appendix E) that contained a detailed description of the research protocol and this was reviewed with each participant prior to the informed consent form (Appendix F) being received. Participants were informed that they may terminate the interview or ask that the tape recorder be turned off at any time during the interview. They were also informed of the right to refuse to answer any questions and also of their right to receive any information about the study once the analysis was complete.

The potential risks involved in this study included the possibility that participants might be identified and the fact that the researcher's presence might somehow alter the functioning of various groups and the participation of individual members. The risk of disclosure however was offset by the fact that the meetings attended were open to all members of the community, and that research observations were overt with every effort being made to make the research agenda known to all participants. Anonymity of participants was protected by: 1) transcribing the data by code number; 2) storing interview tapes and transcribed notes in a locked cabinet in a locked room; and 3) storing consent forms and identifying data in a locked cabinet separate from the interview tapes and transcribed notes.

Any person or place names or potentially identifying data that appeared in the transcribed interview or field journal notes were removed. The interview tapes were erased once the information contained had been transcribed and verified by the participants. The final report does not include any identifying information about the participants.

In keeping with an ethic of reciprocity, potential risks to study participants were balanced by potential benefits which included an increased knowledge of the research process, an increased awareness of the role of community building and health, and ultimately, an increased sense of community among participants. These potential benefits include those documented by group facilitators during the "Listen & Learn I & II" sessions:

> The interviews helped the community groups see their accomplishments, feel good about what they had done, and for some groups, renewed their energy. Those involved with the interviewing were able to glean information for their own group through the exchange of ideas. (Dedrick et al, 1998, i).

Chapter 4

Results

Data collected and analyzed using the identified methods and sample resulted in the emergence of a model that depicts the relationship between asset-based community-building and health. Presented below are the results from the participant observation period, interviews and supplementary document review, the categories that emerged during analysis and an emergent view of the relationship among the various aspects of asset-based community development and health.

Resulting Categories

The two major categories resulting from the coded data are: a) defining health, and b) the role of ABCD and health. Various sub-categories arose within these major themes to give a more refined description both of how participants define health and how they see their involvement in a community building initiative relates to their own sense of well-being. Sub-categories which constitute the category of defining health include a)"It's all combined": the interactivity of dimensions; b) "How I Feel About Myself": mental & emotional aspects of health, c)"If I hadn't Been Connected": social aspects of health, and d)"Body As Faithful Companion": physical & material dimensions of health. Sub-categories identified in the role of ABCD and health include a)"I'm still learning": formal & informal educational opportunities, b) "Who I am Now": discovering self, c) Openness to others: relationship, d)"Improving your reality": material resources for health and e)"It's a mystery": Transcendent themes in ABCD. These sub-categories are further refined to describe various dimensions of each theme, such as lifeskills versus academic learning; elements of diversity in relationship or safety and care for the environment. Although these categories and sub-categories have been described as being somewhat mutually exclusive for explanatory purposes, in reality they overlap substantially and again, cannot be viewed as existing in isolation.

To clarify further, quotations selected to illustrate the data have been indexed to identify the interview participant by number with simply a page reference from the interview transcript (i.e. #3, p.6). Quotations from the research log have been referenced with the abbreviation R.L. and the page number for the entry, for example, R.L., p.26. Quotations obtained from document review have been referenced by source and illustrative material included in the Appendices as necessary.

4.1 Defining Health

Very few references to health or well-being were discovered on review of the participant observation data. The only place where health surfaced as a direct topic was in a side conversation between two women during the evening session of a Community Building Weekend in which they each spoke of specific physical disorders they had experienced over the past year. One of the women in particular was concerned about how she would sleep on the hotel bed during the weekend, as she had suffered difficult back problems over the years. Other than these references to physical aches and pains, health was not mentioned directly as a topic in the general community-building sessions or the various venues observed.

Individual interviews however yielded sufficient data on the topic to suggest particular patterns on how participants view the word health and how they would define its meaning for themselves. To contextualize these responses, the interview participants are briefly described as follows: One was a young single woman on AISH with a 2-year daughter; another a married immigrant businesswoman in her late 40s with two teen-aged sons; another a single woman living on her own working part-time with two daughters in their early twenties; another a married woman in her forties with at least three children living at home and lastly, a retired man living with his wife who has both children and grandchildren. These participants were asked the introductory question: "Describe for me how you view the word health and what it means to you in your daily life". While data were thus limited to the perspectives of these particular participants, they provided grounds for further exploration and observation of events within the larger network of ABCD participants according to a framework that was at least in part defined by participants themselves.

4.1.2 "It's all combined": the inter-relatedness of dimensions of well-being.

The predominant theme arising from the data was that participants view health as a complex interaction between aspects of physical, mental and emotional well-being, none of which can be separated from the others.

> "For me well-being means you should be healthy. If not healthy you should be able to sustain your level of life. Life means peace, happiness, financial, friendships...if any of them is missing we don't feel very well." (#4, p.1-2)

Another respondent described her view of health in terms of three basic components:

> "The words that come up for me are connection and learning and relationship... If any of those things are missing in that equation then it affects me." (#2, p.3-4)

Still another respondent attempted to explain the complex interaction between physical and emotional health:

> "Well, I would say health can be either physical or mental. ...There's a relationship between the two of them because if you're not doing well mentally you're probably not doing well physically. So that's what I would suggest: it's how you feel about yourself mentally and physically. That would be my definition of health as far as it relates to me." (#5, p.1-2)

What participants were clearly suggesting is that health is a multi-faceted concept and that no one aspect of it can be treated in isolation from the others if "health" is truly to be experienced.

Of these varied aspects of health, at least three stood out with significant enough regularity to be identified as key elements in defining the word health. These elements have been named here as mental or emotional well-being; physical health; and social connectedness. While these categories are by no means exhaustive of what was suggested in the data, they are the most dominant themes and thus the ones that merit discussion here.

4.1.2 "How I Feel About Myself": personal or inner dimensions of well-being.

As suggested by the data above, one participant in particular emphasized the importance of mental and emotional well-being in defining health. Further, this participant saw the interior world or feeling state of health as being inextricably linked to the physical:

> "I think one has to do with the other because if you're feeling low, either you neglect your physical health or it drags you down if you're not feeling well about yourself." (#5, p.2)

Another participant described the importance of both "learning" and "growing" to her own sense of well-being (#2, p.3) Another used the term "moral" to describe this aspect of well-being. When asked to elaborate, she stated:

> "Moral. I mean peace, contentment, safe. And direction, that you feel you are still growing." (#4, p.20)

Furthermore, this participant identified the role of emotional well-being in an overall view of health:

> "I think if people are happy they are healthy. But you can see people who are old at the community meeting. Would you say they are not healthy? You would not say that." (#4, p.20-21)

Participants went even deeper in terms of defining their interior life and the importance of learning and growth to overall health:

> "All my preconceptions, my myths kept getting blown apart, blown apart. And I think that's made me a much more open person. Not that I was not open before, but more, not judgmental of other people...and, um, I would say that had far-reaching effect for me as a person in terms of my wellness. I don't know if I can get more specific". (#2, p.11)

Another participant named this aspect of health as being related to the spiritual dimension through her experience with art as a particular form of therapy:

> "Because the art sometimes is therapy for me too. It's a very good relaxing outlet for me. It's a way of expressing myself. And its, I think it's a beginning awareness of where my spirituality comes in." (#3, p.8)

4.1.3 "If I hadn't Been Connected": social or relational aspects of well-being.

Another aspect of well-being according to interview participants is the domain of social connectedness or relatedness to the wider community. During preliminary analysis, this aspect seemed to be described as an external factor having some influence on health without its effect necessarily being clear:

> "I think being involved in community activities helps my mental health. Um, and I don't know, think that in turn affects your physical health." (#5, p.1)

> "Generally we don't talk about that, about health in our community...the community has nothing to do with servicing the health, of teaching you about health. My community can have barbecue, or many times potluck, but it is not health focus" (#4, p.20)

This same participant however described health as follows:

> "For me well-being means you should be healthy. If not healthy you should be able to sustain your level of life. Life means peace, happiness, financial, friendships." (#4, p.1)

In fact three out of the five participants made direct references to social connectedness as part of their sense of well-being. Another put it this way:

> "You asked me what my thoughts are on well-being in general. The words that came up for me were connection and learning and relationship. And the connection is related to the relationship thing, but relationship is more than that. It doesn't mean friendship necessarily but it means relating to others and I mean that means my family, the people on my block. It ripples out, and all of that is important for wellness, for me anyway. And I think for many people, to differing degrees." (#2, p.16)

Another described the importance of connection to health as follows:

> "But when you talk about community connectedness, if I hadn't been connected to _______ somehow, I wouldn't have known about the Friends of Medicare having their hearings, and I wouldn't have been able to write my statement and talk with them, and have a voice, and say something to them. And that was part of the healing process for me." (#3, p.22)

Conversely, this same participant associated a lack of connection to a sense of ill-health:

> "I had one woman beside me though, that, she had some sort of mental disability. She was crying and sometimes screaming. And what kind of a life was that? I mean every night, I don't know, she wasn't taking her meds or something, because of what was going on. But there was no one there for her." (#3, p.24)

This participant summarized the importance of relationship in this way:

> "I was really searching for some sort of purpose. And I think that connects us to the community too because, that's what we're here on earth for, you know, to help each other out, and uh, the love component I guess. That people actually love one another." (#3, p.9)

4.1.4 "Body as Faithful Companion": physical dimensions of health.

Interestingly enough, the physical dimension of health was rarely mentioned directly by participants in defining health and seemed to be important primarily as a means for achieving the aspects of well-being mentioned above. One participant for example spoke about a physical illness primarily in terms of how it affected her interaction with others:

> "The thing was I had a lot of health problems that interfered with me being able to do as much as I initially wanted to do" (#1, p.1)
>
> "My immune system was down. I was catching everything. I had the flu shot this year so I feel a little better. They just put me on steroids too but I'm not happy about it. Find it makes me more irritable with my daughter, plus I'm gaining weight..."(#1, p.3)

While few other participants made reference to bodily health issues, other concepts included in this category were those that related somehow to the material or environmental resources needed for daily living and health. While resources such as money and access to suitable recreational facilities may be closely linked to emotional health, they are considered here because of their tangible nature; because they seemed to be part of the "something concrete happening", as one participant put it, the "doing things together that improve your reality as well as others" (#2, p.4, 17). This dimension was expressed as "financial health" by one participant who in particular related level of income to health:

> "Health means mental health, and physical health, and financial health...Poor people never feel healthy, I think." (#4, p.1)

Another participant readily associated his sense of well-being with his financial situation. When asked if he had ever had concerns with his health, this person replied:

> "Not right now, but I have had some to do with business." (#5, p.2)

This participant went on to relate how difficulties in employment had once affected his mental well-being.

Related to the physical dimension of health, another participant spoke of the importance of having easy access to a recreational facility for regular exercise:

> "When I started going to the Y and to aquacise, that was my salvation." (#3, p.3")

> "I'm so attached to ______, the fact that the Y's there. And I'm afraid that if I don't have the Y close to me then I won't have that contact. And that's a real stress release for me, and I'm not sure what I'd replace that with, or if I'd even want to because I really like the water." (#3, p.10)

The theme of access to physical recreational activity surfaced with another interview participant when she requested a ride to a nearby swimming pool in exchange for participating in the interview:

> "I try to get there 3 or 4 times a week but sometimes I find it too much for me to walk all the way there and then do my swim. I sure would appreciate the ride" (#1, p.10)

Other indications of a physical dimension to well-being arose as well during many of the gatherings observed and the kinds of activities occurring there. One participant was seen scratching the back of another in the course of one gathering (R.L., p.28). Participants were often seen hugging one another at the start of a gathering or rearranging chairs and other pieces of furniture. Attention was paid to physical details such as providing warm, comfortable environments; taking time out to stretch or walk outside during longer sessions along with the provision of food at regular intervals through most gatherings. In general, settings for the community activities reflected the following thought on physical health by one interview participant:

> "I think the body is your companion, okay. And whatever you want to do the body has to do it for you. You go, the body has to go for you. If you want to go and the body is not going, you go nowhere. It's the vehicle. Your body is your companion. Your most faithful. ...And how do you treat your companion? Would you not respect it? Treat it well? This is how I see it." (#4, p.22)

4.1.5 Summary of Conceptualizations

Data indeed suggest that participants view health as a multi-faceted concept and that no one dimension can be affected without the others somehow being involved. While a preliminary description at best, the dimensions alluded to by participants include the mental or emotional; social; and physical aspects of well-being. These categories provide a conceptual backdrop for categorizing the findings from the more important question of how ABCD initiatives affect the health of communities.

4.2 How ABCD Initiatives Affect Health

Data from both participant observation and individual interviews resulted from the question, "Describe for me how your involvement with _______(an ABCD initiative) has affected your own sense of well-being." Initially these data were analyzed using an open-ended approach: statements or observations were simply analyzed for content and grouped according to theme. These themes were then grouped according to where they seemed to fit within the framework of health as defined by the earlier discussion on how participants define health. Not surprisingly, health outcomes described by participants coincided somewhat with dimensions of mental or emotional health; social well-being and physical factors. Certain themes, however did not fit clearly within a framework of evaluating various health dimensions but rather seemed to transcend the distinctions of physical, mental or relational aspects, running as a thread through all three. These themes will be discussed in the final section under the title "It's a mystery": Transcendent themes in ABCD.

Working within the framework for health as defined by participants, the themes of learning and self-esteem roughly coincide with participants' perceptions of mental or emotional health. Openness to others: Relationship coincides with perceptions of social connectedness as a dimension of health. The economic and material benefits of asset-based community development reflect the physical dimension of health as defined by participants. These themes are presented here, with a reminder that the divisions again are at best arbitrary since interview data also revealed the importance of recognizing the intimate connection and inter-relationship among all aspects of health and well-being.

4.2.1 "I'm still learning": opportunities for education--formal and informal.

A significant theme emerging from the data is that of learning, or the opportunity for learning that participants experienced as part of their involvement with ABCD. Since ABCD has as its basic tenet that communities hold within themselves the knowledge and skills essential for growth, it became particularly important to observe whether this knowledge is indeed being shared among participants and whether indeed it contributes to the overall well-being for the community. The data clearly suggest ABCD supports an environment whereby participants are engaged in the dynamic process of learning both from one another and from more formally recognized public institutions. Overall, data reflect a belief in the core values of an adult approach to education which "has always been guided by the life experiences and abilities of adults and on using these to enhance the learning experience" (Community Building Resources, 1999, p.11). These values are consistent with a broad base of both feminist and empowerment approaches to learning that have been espoused in the health promotion literature (Wheeler & Chin, 1993; hooks, 1994; Arnold, Burke, James, Martin & Thomas, 1993; Wallerstein & Bernstein, 1988).

4.2.1.1 Learning to tie a bow: lifeskills learning.

Perhaps the most striking story of learning opportunity came from one participant's experience in a small group of community members who came together to make crafts for a kindergarten class:

> "We were making bunnies and making little ribbons to glue on them and she said "I don't know how to tie a bow", and I thought she was joking and I laughed. Said, "Go on", and she said "No, I've never learned how to tie a bow." Well, we showed her. And she was so proud of that bunny with the ribbon and I just thought of that so often." (#2, p.13-14)

Learning in lifeskills extended well beyond the opportunity to tie a bow. From learning how to make Christmas crackers to gardening workshops to information on tenants' rights supplied at community gatherings, observations of ABCD initiatives showed that the opportunities for learning everyday skills were almost limitless. Printed material from CBR© and an activity presented around "Learning Webs" at Community Building Gathering IV support this finding (See Appendix H). In the Learning Web activity, participants are asked to identify themselves as a point on the periphery of a circle. They are then asked to draw a line from themselves to anyone else in the group from whom they have learned something in the past year. By the end of the exercise, the page was filled with lines indicating the substantial exchange of ideas and wisdom that had occurred among participants (R.L., p.27). An interview participant further elaborated on the importance of community connections for having access to information about daily household upkeep:

> "I think we feel more comfortable ever since I joined ______. Because now when I have problems I can call and ask somebody. Earlier we have to figure out what's wrong and try to make things out between mom and boys, and now I have other friends I can ask." (#4, p.14)

4.2.1.2 Organizational conversation: Learning language, culture, relationships.

Closely related to lifeskills learning yet distinct from it was the theme of learning important aspects of culture and social skills from others. One woman related how she virtually learned 80% of what she knows of the English language simply by joining an asset-based initiative that met monthly for two years.

> "In the first meeting I can understand about 20 % of what everybody is saying. I have no friends, I walk in by myself, I didn't even know where this place was. I didn't know anyone and I didn't even know the language. Yeah, and I learned." (#4, p.3)

This participant went on to describe that she learned much more than the basic language skills:

> "English is not only what you read. It's how people weight your words. How you say things. I can see how Canadians push the issue. In ______ culture you cannot push the issue. You have to step aside and let the person calm down. But I can see you have your own style of pushing the issue. And this is the first place I learn that. Organizational conversation, this is what I call it." (#4, p.3)

> "I learned the Canadian way of life in that committee that was set up. I think I'm the person that gain the most (laughter)". (#4, p.4).

Related to cultural aspects of learning is the theme of learning history that seemed to permeate many neighbourhood gatherings and community building activities. Two of the neighbourhoods observed had a particularly strong emphasis on researching and celebrating the history of the area. During three of the gatherings observed, local historians stood up and presented recently discovered facts or questions about neighbourhood history. That history seems a valued aspect of community -building was corroborated by the observation that these historians were given keen attention during their presentations: participants stopped talking about other issues and allowed presenters to continue for more than twenty minutes within a one-hour gathering. Learning history is actually the core focus of one of the ABCD initiatives as defined by this participant:

> "People wanted to know questions like "Where did the name ______come from? How many lakes were there in ______? Where were they located? When did they drain them? There used to be a fountain--where was it? All these types of questions. So we got involved in history to try to find out what its was all about. Uncovered a lot of information which was documented and presented to the group in June of 1997. ...That went so well that we just kept on gathering information and people kept volunteering information. They had maps, pictures, one thing and another." (#5, p.20)

Historic bus tours and a group learning Canadian folk songs are two other examples of cultural learning activities documented during participant observations. Learning about other religions also played a part in this participant's story of community involvement:

> "We used to have some great classes. To take them all over the city, to Jewish churches and Anglican churches and Catholic churches. It helped the kids learn there are different ways of doing things" (#5, p.9)

Learning about diverse perspectives in general was such a dominant theme that it will merit further discussion under section 4.2.3 "Widening the Circle".

4.2.1.3 "She got her high school": formal learning opportunities.

Closely related to the informal opportunities to learn lifeskills and community culture seemed to be instances where participants pursued formal learning or academic opportunities. Following up the story of the woman who learned to tie a bow, we have this account:

> "...Then she went back to school and she would call to tell me she got 90 on her Math. And just the whole sense of I can do this. ...She went back to school and got her high school" (#4, p.13-14).

Another participant related how her decision to enroll in a college program was influenced by her community involvement:

> "There was someone on the board of ________, I went out for coffee with her one day and I asked her about Social Work. She was the one that actually convinced me that I wanted to be a social worker. So I went. I'm two courses short. In '92 or '93 I started taking evening courses. And took a couple every year." (#3, p.6)

Included in the category of formal learning opportunities here are instances both of academic learning and the formal learning acquired as part of a job or income-generating activity. One participant related how his involvement with local businesses and a high school resulted in a university degree for him:

> "I continued in the autoparts business. And uh, I guess there's no sense mentioning names of places I worked, but there's quite a few. And I worked myself all the way up to autoparts manager at the end. Then I discovered a school in _____ that needed a teacher for autoparts. And so I ended up doing that. They paid my way through university." (#5, p.5)

Support for academic and university-level learning was demonstrated as well throughout the research, as participants were seen approaching the researcher to learn more about the techniques of qualitative research and then give feedback on the process to other members of the group (R.L., p.4) The terms "ethnography" and "hard science" vs. "soft science" were even heard around the table at a Chat & Chew during an informal sharing of learnings from a conference on Qualitative Research that several participants had attended (R.L., p.21). While these opportunities did not necessarily lead to formal credit or qualifications, support for learning in a more formal classroom environment was reflected in the way several community groups were seen to partner closely with neighbourhood schools, youth education programs, community colleges and universities. (R.L., p. 1, 3,5,10,15,20,25, 30, Interviews #2 & #5.) While ABCD recognizes the importance of informal learning through the Learning Web, intentional learning through formal education is also supported by the data.

4.2.2 "Who I am now": Discovering self.

Another theme that arose in the data was the idea that community members develop a sense of self through their interaction with others. The sense of self expressed by participants ranged from expressing a lack of confidence in their abilities to learning a sense of empowerment through a new relationship or skill. Again, these data were limited to what was discovered through individual interviews, since observations in groups yielded little information on the internal processes of participants. What seemed clear through the data is that the asset-based approach itself had an effect on individuals' degree of self awareness, as we will see from the following data.

4.2.2.1 "I'm Not Sure": Not knowing what I contribute.

Although she had been part of an asset-based workshop and training, one of the participants interviewed displayed little awareness of what her own individual gifts or talents were or how she was able to contribute to various activities:

> "I'm not sure I always help as much as I could. Last time I was baby-sitting this other woman's kid and so was busy with that. Next time I won't be baby-sitting, so I'll be able to help more." (#1, p.6)

This woman displayed a relatively low sense of self-esteem and powerlessness:

> "I've been taken advantage of so many times in the past. People can walk all over me. I've lent money off my credit card, which I don't have anymore. I've really been taken advantage of. That's what discourages me." (#1, p.7)

Other participants described feeling a lack of confidence:

> "Around this table of women, when we first gathered, no one was employed outside the home. People's confidence was very low. English as a second language for two women who were not confident at all." (#2, p.13)

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The process of self-reflection and awareness for these participants seemed to begin with becoming aware of themselves in relation to others and evaluating what it was they felt they had or didn't have to contribute.

4.2.2.2 Discovering skills and assets.

While it is not clear whether exposure to an ABCD initiative was the key factor in participants discovering their own gifts and talents, all of the participants interviewed described something they had learned about themselves through being involved in an asset-based initiative.

This sense of self-awareness and understanding one's own giftedness was encouraged through the use of interactive exercises at community gatherings. One such exercise involved participants pairing up and asking each other the question "What are some things people say you're good at?" These kinds of questions had participants actively engaged in the process of discovering their own personal skills and abilities and resulted in the sharing of these gifts and talents with others (See Appendix I).

4.2.2.3 "How to say no": developing a sense of boundary.

Interestingly, for most participants, a sense of self-discovery seemed to involve the process of pulling back from community activities in order to develop a clearer sense of who they are and what they had to offer:

> "I told her the other day, 'I'm just really overwhelmed by you and your problems. I'm sorry I just can't take it'. Told her I wouldn't baby-sit for her anymore." (#1, p.7)

> "And I had to pull out and spend a year baking, and cleaning my floor, and sewing, and you know, being domestic mama for a year. ...I came out of that year knowing that everything didn't have to happen right away, and that everything didn't have to happen because it could happen. ....I think I have a better sense of my own limits. Knowing that if I say yes to something I have to say no to something else..." (#2, p.6-7)

> "...the last time I was meeting myself coming around corners. I was supposed to pick up this lady and drive her here but because of things I wasn't even able to do that. I couldn't even get to the phone to tell her....So the next program I'm going to be involved but not as deeply." (#5, p.30)

> "As long as I've made that attempt to get people to go. You can spout off all you want about what a great event this is but if people don't want to go they don't want to go." (#3, p.15)

A healthy self-esteem for these participants seemed to involve a sense of boundary and being able to make it clear to others what they have to offer in terms of time, interest and ability. It also meant being able to let go of those things they weren't able to accomplish, with a positive acceptance of their own limitations.

4.2.2.4. "I was ready": a sense of empowerment.

Again, interview participants clearly identified a sense of confidence or self-esteem that was associated somehow with their community involvement:

> "We were hot, we were hot crafters. And I think that that experience had something to do with, with people feeling...and we all, we all really supported one another. ...I feel that was a really positive thing for me, to have those things, to have my window made bigger. I'm looking through a bigger window than I was 20 years ago in terms of people and life and community." (#2, p.11, 13)

> "Because I used to live a very conservative live, uh, two blinders on about poverty. Uh, I'm not proud of the person I was. But I think I had to be there in order to be who I am now. And I still have a long ways to go. But I'm just really happy that I found who I am now." (#3, p.14)

> "See, I have been in business. It has its ups and downs. I have been through these kinds of changes many times. So I think I'm kind of immune. I'm not saying I'm

> immune. But I'm looking at the change as a new growth. But you need people who have experience this enough to embrace the change. ...So I move on. See I graduate high school and I take first year college maybe (laughter)." (#4, p.11, 13)

> "I have this dream sometimes. That I'm a bag lady. It used to be really scarey for me. But I don't think it is anymore." (#3, p.24)

Again, this positive sense of self-esteem translated to the broader community in certain cases:

> "And a lot of people were upset because of the, uh, what would you call it, the undesirable publicity that _____ got. And I was glad we'd had these programs because that did build up positive things." (#5, p.27)

> "I work for an organization that, uh, really believes in grassroots, in people finding out what decisions they need to make, having a part in the decision-making as well as a part in the process, of whatever community-building they want to do." (#3, p.7)

Again, participants seem to have discovered a personal sense of power or resiliency through interacting with others and the positive things they were able to accomplish as a result of these interactions. This experience serves to illustrate how Labonte describes empowerment as both an intrapersonal and interpersonal phenomenon. At the intrapersonal level, these individuals have experienced an enhanced self-esteem and self-efficacy. As Labonte puts it, this increased self-potency comes at least in part through affirmative social support. It is "*power with*, the experience of interdependency" (Labonte, 1993, p.57). Asset-based community development indeed seems to provide participants with the opportunity to enhance their own sense of self-efficacy and self-esteem through the experience of positive interactions with others.

4.2.3 Openness to others: Relationship.

In view of Wilkinson's (1996) emphasis on social cohesion and the theoretical underpinnings of Health Promotion practice itself, a key observation question guiding this study was "What kind of people participate in these activities?" and "Do these initiatives bring together a diverse range of individuals that might not otherwise connect?" In the context then of examining this diversity, two general categories arose: What things *worked* in embracing this diversity and what *barriers* did participants experience in developing a cohesive social network. As Heaney & Israel (1997) point out, not all forms of social support are positive ones; a factor which again became clear here as participants told their stories. A crucial question then to be addressed then became "What aspects of ABCD in particular foster a positive sense of interaction among people with a diverse range of backgrounds, interests and abilities?"

A factor influencing data collection in this domain related to the principle of disrupting the research setting as little as possible. Thus information about the less obvious dimensions of diversity could be gleaned only through the occurrence of natural conversations rather than through direct questioning. While originally seen as a limitation, this principle ensured that the findings regarding diversity are more likely to be those considered important by participants and not those which would have been more artificially defined by the research agenda. Certain categories did emerge in the data that have been described in the literature as "primary and secondary dimensions" of diversity. These categories include such things as age, ethnicity, income and cultural background. The largest category by far however pertained to differences found among participants in terms of opinion, viewpoint, or values, a dimension of diversity that is not as obviously addressed in current diversity frameworks (La Mountain & Abramms, 1993, Schmidt &

Hateley, 1995). These findings are presented here, followed by a discussion of what participants described as both the positive aspects and challenges in developing a broad range of social connections.

4.2.3.1 "Spark in the Park": Diversity of Setting

One of the more obvious elements of diversity within the ABCD network was the variety of settings and activities included in the planning of everyday events. Settings observed included churches, restaurants, hotels, schools, community halls, parks, office buildings, warehouses, parking lots, playgrounds, shopping malls and individual homes. The monthly Chat & Chews, for example were hosted by a different neighbourhood each time, with the purpose being "to show off that aspect of your neighbourhood that makes it unique" (Community Building Resources, 1998, p.31) Participants in fact expressed concern over places that are more difficult to access such as apartment buildings, and gave considerable attention in group discussions as to how to address these difficulties (R.L. p. 3, 6). Unusual places encountered in the research setting included a community gathering at City Hall, a city-wide tour of community gardens and a community-wide planning meeting that was held in the lounge of a condominium building.

Diversity of activity was also observed during the nine months of participant observation. From back rubs to gumboot tosses to singing around a campfire, the impression was that participants were able to engage in a large variety activities that might not otherwise be available to them in everyday life. Activities tended to centre around eating together with more formal content and discussion alternating with simply having "fun" . Serious work and conversations did take place, from planning a community garden to strategizing around community economic development opportunities for women to sharing "how to" information in planning various community events (R.L., p.6, 7, 9, 13, 20).

4.2.3.2. The 45+ Club: Diversity of demographics

Elements of diversity observed in this category include age, gender, ethnicity, income level, educational background and occupation. While again not comprehensive because of the lack of direct questioning, a significant amount of data arose simply through observation and verification during individual interviews.

One of the more obvious forms of diversity was that of ethnicity or race. A variety of language accents and skin colour were observed at each one of the main Community Building Weekends, with a mix of cultural backgrounds being represented on the master list of contacts for Chat & Chew sessions. One Community Building weekend in particular had a broad representation of cultures. Out of 30 participants, 8 were recently-arrived Sudanese-Cubans, 2 or 3 South Asian immigrants, at least two were Aboriginal and another participant had a strong East Coast Canadian accent (R.L., p.11-12). Cultural differences were celebrated throughout this weekend with stories from the Sudanese-Cubans and a tour of various Italian coffee bars and a street church in the neighbourhood. One Aboriginal woman told this particularly poignant story related to cultural identity:

> "I used to be an alcoholic, take drugs, the whole thing. Now I have a 10-year-old boy. I tell him not to be ashamed of his origins. I was made to feel very ashamed of being Native the whole time I was growing up. Now I tell him don't let anyone make you ashamed of who you are." (R.L., p.12)

Another area of diversity that was evident to some degree was that of economic status or income level. While theoretical considerations led to particular interest in this data, observations were again limited to only what participants related voluntarily of their income level or occupation. Interestingly, data on income was obtained primarily from those who were living on Assisted Income for Severely Handicapped or AISH. One participant in Community-Building III told how she is on AISH and takes the bus everywhere (R.L.

p.12). Another participant related her experience with AISH and how she neglects to claim any extra monthly income just because of the difficulties in reporting an amount that "wouldn't affect my support anyway" (#1, p.7). Another participant told of selling the street newspaper *Our Voice* for a living and described himself as a "self-proclaimed poverty activist" (R.L. p.27).

While lower income levels appeared to be represented at most community gatherings, little information was obtained about the income range of other participants. Using measures of home ownership and access to a vehicle, it appeared that many participants were of the middle-income range. Although occupational evidence is certainly not conclusive, participants talked about being in jobs such as real estate sales, teaching, community development, social services positions or running their own small business. Other participants were retired, students or stay-at-home parents. The overall impression of income ranges, albeit superficial, would suggest that ABCD initiatives engage a significant number of low to middle income individuals with no significant evidence that the very wealthy are involved.

Diversity of age and gender were other factors that became apparent throughout the participant observation period. Young and middle-aged adults were observed as well as seniors, youth and small children. While young to middle-aged women tended to dominate the make-up of any given group (e.g.. 10 out of 18 at one event, 20 out of 30 at another), other major participants included teenage youth and seniors (R.L. pp. 2, 3, 5, 9, 15). One Chat & Chew was hosted entirely by 22 Junior High students from a group called "Community Involved Adolescents" in the West End. Another gathering highlighted the accomplishments of a local Youth Council, ages 12-20, who had raised money to build a skateboard park (R.L., p.26). Children and youth in fact comprised such a dominant theme in the data obtained from individual interviews that further attention will be given to this theme in Section 4.2.6, *Transcendent themes in community building*.

Further, concern for extending the involvement of seniors in various activities became apparent in cases such as this:

> "I was out canvassing for _______ and I had several people say 'Yes, I would certainly join the community league if there was something there for us. But we don't have children in the area any more so we don't skate or anything like that'. So I said there's lots of other things we can do too, like swimming and um, family skating and this sort of thing. So they said how about something for us older people. For ones with the empty nest kind of thing. So we came up with this idea for the 45+ Club." (#5, p.12)

> "Our main goal now is to get that Senior's survey done. To get into the high-rises and some of the older people involved." (R.L., p.3)

While the data suggest that a wide range of individuals have become involved in ABCD initiatives, findings also indicate that there may be some gaps in involvement, such as from the middle-aged male and upper income categories.

4.2.3.3 "It could have been dicey": Diversity of opinion.

An unexpected finding in the data was the emergence of differences of value or opinion as a major theme in participants' experience. This theme turned out to be more dominant than any of the differences described above of age, social background, education or gender. As participants relate the story, working with differences of value or opinion seems to represent the core challenge of ABCD.

This kind of challenge became apparent early on as participants expressed differences of opinion on how the research process itself should be conducted:

> "We don't want you collecting numbers--people's ages and stuff like that. You can't get too researchy on us. Don't mess with what's going on." (R.L., p.8)

And again, differences were observed among various groups in a community-building gathering regarding the handling of data for the *Listen & Learn* analysis. In some groups, natural leaders emerged who ended up holding the pile of responses and doing the sorting--sometimes according to what others said, sometimes not. Other groups were more egalitarian in their handling of the data: "Let's divide these up and everyone do a bit of sorting". The more task-oriented leaders were concerned only with getting a finished product down on paper:

> "Now that we've got the themes, we don't need to read the rest of these statements" (R.L., p.4)

While others expressed frustration with this task-driven process:

> "It just seemed like we were too busy sorting. We didn't really get a chance to sit with and absorb the data" (R.L.,p.4)

The variance in opinions that people may hold about a certain situation was again expressed by a CBR facilitator in describing one person's feedback about a gathering that she had thought to be particularly exciting and productive. The person's feedback was "That was the most disorganized meeting I've ever been to", and subsequently did not return to future gatherings (R.L., p.17). Another participant spoke of feeling out of place in the context of community discussions around the loss of funding for their group:

> "Some people are sad that the office is closing. But the wealth in each person is never closed. Sometimes we need to transform. When we graduate from high school, you should not be crying to graduate, right? ....But all the people they feel sorry they have to graduate high school. But whenever I say it I feel out of place, I always feel out of place." (#4, p.12)

This difference in opinion or values may have serious consequences for an individual's desire to stay involved with a particular group, as in this participant's experience with a collective kitchen:

> "I have to tell you I'm kind of down on this community building stuff right now. I've been involved with one woman who has just sucked everything out of me....I met her through the daycare. She was looking for someone to baby-sit. I have a few times and she's never paid me. ...I just felt she was pushing herself on me....Something makes me really nervous. I just can't trust her. You know when you get that feeling about some people." (#1, p.3, 7)

Another woman related the struggle she experienced around the differences in vision among the participants in a neighbourhood group:

> "...for me at that point, somehow it was important that we share our experience with a wider group of women because what we had was so incredibly rich. And how can we, how can we share that. And at that point for the other women it was not a need. And so I had to let go of that. It was a little bit hard to let go of that. But I had to because it wasn't a need for other people." (#2, p.5)

Differences in values were also at the core of this woman's description of the challenges she has encountered in trying to build a sense of community in a culture different from her own:

> "Generally here people like to be seen that I am okay, I am well, I can manage things myself, I am happy and successful. And I am beautiful. People like to be seen like that. They don't like to show that I am unhappy, say because my grandson won't go to school. They are not going to tell neighbour #1, neighbour #2, neighbour #3. No. And they don't want to tell I lost money in the stock market. Nobody will tell that. This is considered a private matter. But if I don't know where the problem is, I can't answer by the service. Because I say if I have something I have to offer, I have the right to ask them. But now they don't answer me anything. How can I ask them to help?" (#4, p.6)

A similar difference in values was experienced by this woman:

> "So I bought a condominium but still didn't get into the community there because people just wanted to be anonymous there, they didn't want to get to know their neighbours. And I found that really strange" (#3, p.2).

Differences in opinion and viewpoint were also evident at the community gatherings observed. During one outdoor Chat & Chew, a participant showed up briefly to circulate a petition in favour of keeping youth off the street after a certain time of night. Though few people signed the petition, he was given the time to explain his viewpoint and participate in the gathering (R.L., p.9). Diversity of political viewpoint was expressed in another setting where a woman was able to circulate material criticizing the religious right and have her presentation added to the day's agenda (R.L., p.17-18). Tenants were seen sitting down with landlords over coffee to argue their differences over the need for higher rents (R.L., p.19-20). In general, the diversity represented at community gatherings reflected the purpose statement of one of the neighbourhoods involved:

> "To change people's negative attitudes; to work with people's differences" (R.L., p. 1).

4.2.3.4 Working with the differences: What makes community home.

Given the variety of personalities, backgrounds and viewpoints described above, it became important to observe how an asset-based approach facilitates the interaction of these differences and whether or not participants' experiences of the differences are actually positive or health-promoting. While again working with only a cross-section of community events and participants, the data suggest that a certain atmosphere of comfort or familiarity did in fact exist in many of the settings observed, with participants relating this as a positive aspect of their involvement. This acceptance or "home-like" environment was evidenced by the informal way in which participants would greet each other at the beginning of a meeting, often with a hug and an eager hello. Participants spoke of community gatherings as being "a safe place"; "comfortable", "where I can dress however I want and get away with it" (#2, p. 13; #3, p.22; #4, p.14; R.L. p. 19). In a particularly striking incident of familiarity, one woman commented at a Chat & Chew:

> "At least I know you'll recognize me, I'm wearing the same clothes as I was at the Garden meeting last night!" (R.L. p.19)

The question that arose from this theme of familiarity was, "What characteristics of ABCD make this kind of atmosphere possible?" or "What aspects of ABCD foster this kind of positive interaction among people of diverse backgrounds?" Part of the answer seems to be in the emphasis on *relationship* that is part of CBR's philosophy, as is depicted in the "R.A.F.F. It Up" strategy of Relationships, Action, Food and Fun (Community Building Resources, 1998, p.19). Relationships are seen as a priority in the planning of community activities, so that the purpose in any given project is not so much the accomplishment of the activity itself, but the relationships that are formed as a result of bringing people together. Thus, spending time getting to know one another is just as important as planning the next beautification, safety patrol or construction project. In fact, CBR would postulate that these connections and friendships are the first step in the process of animating any community and that community driven planning and initiatives will occur only in the context of these personal connections within a neighbourhood (CCB & AM Workbook©, 1998, p.11). Thus the emphasis on one-on-one personal interviews when doing a survey of the neighbourhood or having participants interview each other during community gatherings to discover their common interests (CCB & AM Workbook©, 1998, p.37, 72).

This theme of people reaching out to establish personal connections was certainly evidenced in the data. When asked to elaborate on how they first got involved in an asset-based initiative, these participants replied:

> "Actually it was ____. I can't remember how it came up. I explained to her I was on disability and stuff like that. She tried to get me involved, said how would I feel going door to door, knocking on people's doors and doing interviews, get involved in the community. ...She invited me to meetings, got me involved. It was like her reaching out her hand to me" (#1, p.1,2).

> "...I think I was drawn in by possibilities. And people who had already been active in their community and in other ways. And I was invited. So, do you want to be a part of this. ....To be involved and invite others to be involved" (#2, p.2,12).

This openness to relationship and the priority of getting to know people was evidenced as well at community gatherings. "Make new friends" was the stated expectation of one participant at the C.B. II gathering, while newcomers were quickly welcomed and introduced around: care was taken to have people in larger groups wear name tags and greetings often included the sharing of personal information such as "Tell us the last thing you did before leaving home today" (R.L., p.15). The importance of making personal connections was summarized in this way:

> "If someone leaves without having a chance to share what they have to offer, then we've missed something" (R.L., p.17).

Understanding people's strengths and the importance of relationship was also illustrated through the negative experiences that some participants had in relation to community activity. In one scenario, the participant was paid for conducting interviews in the asset-mapping survey and although she described meeting many new people, there was not a sense of having connected with others during the process: as soon as the job ended, she was unsure of her role. For this participant, involvement centered around the task of doing interviews, helping with a community kitchen or finding baby-sitting jobs. When asked if her involvement in an asset-based initiative had brought new friendship, this participant replied:

> "Um, I don't know. I had a friend across the street I'm still really close to but she moved. I made some friends through this but they've moved away. ...I don't know... I have to tell you I'm kind of down on this community-building stuff right now. I've been involved with one woman who has just sucked everything out of me. ...I met her through the daycare. She was looking for someone to baby-sit. I

> have a few times and she's never paid me. She has my playpen now, isn't answering my calls" (#1, p.4, 8; R.L., p.23).

Another participant described the difficulties that arose in a project where relationships were defined through professional role and job description rather than through shared interests and communication:

> "Well, we had a garden at the ______ site. But because the coordinator was a board member, I wasn't sure where my role was with that because she's actually my employer. But I'm supposed to be her employer when it comes to community gardens because I'm actually the project coordinator. So it, the role was never clearly defined. So I just kind of let her do her own thing. ....Never really talked to _____ about it" (#3, p.25).

On the other hand, another participant described the positive experience of focusing on relationship and the discovery of common interests and goals:

> "...There was little cooperation between the two groups at all. We went our way. They went their way. And, uh, as soon as I became involved in the community league here we're working towards bringing the two groups together and um showing we've all got the same common goal. ...It's coming more and more together, the home and the school. ...Like we're getting more community league involvement in our ______ (ABCD) group too, like our president was the Master of Ceremonies and one our main speakers was principal of the school. And we had a talent show with people from the school and that brought out a lot of people that never really attended things before" (#5, p.29).

While the importance of discovering common goals or shared passions will be elaborated on in Section 4.2.5 as a transcendent theme in community-building, the emphasis here is on the effectiveness of giving relationships a priority in ABCD. As is emphasized by CBR in their workshops, there are only "Six Degrees of Separation", or six relationships to be discovered in connecting us to any other person on the planet, and that people discover great power in realizing these relationships (Research Log, p.17, 19). As this participant described the process of women coming together in an inner city neighbourhood:

> "...I think that that experience had something to do with, with people feeling, and we all, we all really supported one another. ...Some of these women were living in situations of violence and abuse and I think for those women this was the only safe place where they could come and talk about that. And knew that they could. And I think it had all sorts of ramifications.
>
> ...I think I named around then that my passion is community and people and people coming together to do and to be. Just to be is okay too" (#2, p.13, 15).

Interview and participant observation data in general demonstrated this description of ABCD generated at the Community Building II event:

> "It comes down to being willing to share and be honest. ---Take the next step to find things, any one thing, that we have in common with someone else" (R.L., p.6)

While the data suggest that this principle was not practiced consistently in all situations, it at least demonstrates the positive outcomes when participants did adhere to this component of the R.A.F.F. philosophy. It appears that ABCD may thus contribute much to the overall challenge of bringing together people from very diverse interests, income levels and educational backgrounds; a challenge which has much to do with creating the kind of social cohesion that will further the health of our communities for generations to come.

4.5 "Improving your reality": material resources for health.

Another dominant theme arising in the data was that of the practical or material benefits that participants experienced as a result of their involvement with an asset-based initiative. While experiences such as finding employment and enjoying direct economic benefit from being involved in ABCD perhaps merit recognition as distinct predominate themes, they have been included here as sub-themes of material resources, since the value of an income is related at least in part to the material goods it provides. Other sub-categories included here are "Skates for $5.00"; "If there's food it's for sharing", "Surrounded by plants" and Neighbourhood Watch-- categories which describe the themes of recreation, affordable food, care for the environment and safety respectively; all of which can be described as the material or physical elements essential to an experience of health. This categorization of the data in the physical or material realm, however, should not be taken in any way as meaning that experiences such as obtaining a good job and having basic access to food are any less important in the social and emotional realms of well-being. As Wilkinson (1996) suggests, it may be precisely the social meanings attached to income or material goods which give them their real value (p.75).

4.2.4.1 "Can always find the money": direct financial benefits of ABCD.

References to money and finances occurred frequently in both participant observation and interview encounters. Information about how various projects were funded or about the need for funding was provided generally without any prompting from the researcher. Judging from the data, economics appear to be as basic to community building as to any other form of human endeavour in that they both affect and are affected by the process. The surprising finding here was that rather than expressing complaints about having too little money to accomplish this or that endeavour, participants generally spoke about the financial benefits of ABCD, both for themselves as individuals and the group as a whole. Data from both interview participants and general group observation suggest that a focus on non-monetary assets, skills and abilities frequently leads to monetary benefit for the individuals or groups involved. A classic example of this is the story of an artist in one of the groups who donated two paintings to be raffled off at a community function in order raise money for the group:

> "She donated these two beautifully framed paintings, painted near Alberta Beach and just north of there. She donated these which we raffled off and came out quite nicely on" (#5, p.22)

This interview participant continued with a story of another donation for the same event:

> "We had a double decker bus touring the district for history tours. And we had an Edmonton Transit bus that toured all over the district. The driver used to live in this area, donated his time so all we had to do was pay an insignificant fee for the bus" (#5, p.23).

Another story was told by this participant of efforts several years earlier to raise the resources necessary for a school bus in this community:

> "...the others looked at me perplexed, like how are we going to do this? Then one woman said well, my husband's a heavy duty mechanic, he could service it, take care of the maintenance of it, and probably help us to choose one. So I said fine,

> we'll go out, and um....found one. We took it out over 2 years; paid for it in one year. ...We had several different book sales, apple sales, we brought in a cartload of apples and sold them. And as I say (break in voice, eyes tearing--participant obviously moved by the memory), we paid for that in one year" (#5, p.7)

Similar excitement was expressed over the momentum of finances generated for a community project by another participant during a noon-hour Chat & Chew. Reporting on the progress of a Land Trust Project in which community members had come together to collectively purchase property in the area on which housing could then be built and sold at affordable rates to low-income families, this participant reported:

> "The process is going way more quickly than we ever thought it would. We are already at a point within one year that we thought would take five or six. I would describe it as the energy that happens when people are brought together by some kind of enlightened self-interest..." (R.L., p.23)

Another story regarding land use emerged from a different neighbourhood in which a community garden had been constructed on land donated from a local business. The transaction benefited both sides: the land-owner gained a tax exemption worth $2,000 per year on a piece of land worth $100,000 while the community gained access to affordable growing space for over 15 urban apartment dwellers. In this case, the owner of the land who also owns a business adjacent to the property, donated a custom-made sign for the garden and supported negotiations for a free water supply, donations worth close to a thousand dollars for the community group concerned (R.L, p.7). Donations of both materials and money were a common theme in the discussions around community gardens, with at least one group being able to apply for and receive funding for over $6,000 because of the information passed around at the Chat & Chew network (R.L., p.22).

While financial resources thus appear to be a part of the benefits generated by ABCD, at least two of the interview participants attributed this to recognizing people and relationships as the primary wealth of any community group:

> "I learned a lot from that. --Learned that if you gather people together you can address whatever it is you want to address, can always find the money" (#2, p.2)

> "Actually we didn't get funding this year....We decided this month the office will be closed to save money to pay for another group. ...Some people are sad that the office is closing. But the wealth in each person is never closed" (#4, p.11).

4.2.4.2 "I got the job": discovering and using employable skills.

Another area of direct economic benefit revealed in the data was that of participants either discovering employable skills in themselves or being able to generate income for themselves through their connections with the community. A classic example was given by one participant who had been paid to collect information during an asset-mapping survey in her neighbourhood:

> "I got paid $6.00 an hour plus $2.00 an interview, so $8.00 an interview. It was really good for me. It was extra money" (#1, p.1)

While this was the only participant that reported direct income from an asset-based initiative, three of the remaining four interview participants described how they found employment or were able to generate personal income because of their community connections.

> "And I saw the sign for this group. I became a member. I was a member about 6 months before they offered me this position of being program coordinator, program and volunteer coordinator" (#3, p.7)

Another participant traced her current employment in her community to an initial encounter with a volunteer parent group which then led to other opportunities:

> "One small example, probably if I hadn't lived in this community I wouldn't have taken a job that required me to knock on doors, and preferably the poorest doors I could find to find preschool children to get them into the Headstart program. I had absolutely no fear because I knew people behind those doors were people with a story. And I don't know that everyone could have entered into that job in the same place I was able to because of some of those experiences I had had with people. ...Then I worked for Success By Six which was wonderful because it connected me again in a way to the wider world instead of just my kids' own school which the school lunch program had done. Success By Six again took me into the community and allowed me to start dreaming with people about what could be. So that was, I think I named around then that my passion is community and people and people coming together to do and to be. ...So I was there for awhile, almost 2 years and this job came up. ...It opened up and I got the job" (#2, p.14-15)

Another participant described how a community connection enabled him to obtain income from an interest inventory that he had developed as part of a university course:

> "...I met up with a fellow in the music area and he was quite interested in this. Said, could I do that interest inventory? I had given it to several different people. So it came out quite positive for him. He said 'Hey, that's good. Say, have you

> ever thought about computerizing it?' I said yeah, but I can't seem to find anybody who could. My son's in the computer business but he says he couldn't handle it. So he says 'I could'. So he computerized it for me and we changed the name and sold it to quite a few Junior Highs" (#5, p.15)

In addition to direct access to income, the data suggest that ABCD initiatives serve the important function of providing participants with the opportunity to discover and develop employable skills while participating in volunteer opportunities. One participant discovered her love of the water and potential for becoming employed as a fitness instructor:

> "Actually I was volunteering there before I started the aquacize and actually I became an aquacize fitness instructor" (#3, p.4)

Another community initiative provided local musicians, artists and writers with the opportunity to showcase their talents at regular events and supported the development of their craft by planning to provide equipment at the local community hall:

> "We were thinking of paying these people but there are so many of them...professionals, semi-professionals, amateurs. That we figured rather than giving them a nominal fee which would have probably been insulting to them, I talked to the music coordinator for the group and said could we not maybe buy a snake for the group. The snake is an electrical attachment that everybody plugs their guitars and amps and stuff into and he said yes, either that or speakers that we can use out there or update the Public Announcement system or what. ...We want to get something that these professionals, or amateurs, if they want to borrow it will have access to it through the community league" (#5, p.31).

> "Two classes in the school were involved in a writing project....And we presented these kids with various prizes and one thing and another and we read several of them and published a lot of them in the newsletter" (#5, p.21)

This kind of supportive environment was described by another participant as being instrumental to a group of low-income women finding employment for the first time:

> "...Around this table of women, when we first gathered, no one was employed outside the home. People's confidence was very low. English as a second language for two women who were not confident at all. And it was such a supportive place that within a year and a half, or two years later, everybody had employment outside the home. ...And we all really supported one another. I mean when the Italian woman really wanted to apply to the Edmonton School Lunch Program but really didn't feel her English was good enough, we all went, 'You can do it, you can do it'. And some people went with her and sat outside while she, and she got the job, and I mean, and so I would say, well, who knows? Who can really prove? But I feel like I know that it had that effect for everyone" (#2, p.13).

While individual stories may indeed not prove that asset-based community initiatives contribute to the economic well-being of participants, the data are certainly suggestive of this trend. Sharing of information about job opportunities, fund-raising initiatives or grant opportunities were frequent topics of conversation at monthly Chat & Chews. Participants were seen handing out business cards, presenting ideas for grassroots enterprises and promoting neighbourhood businesses by having them host community events or advertise in the local newsletter (R.L., p.1,3,3,5,5,5,6,7,7, 9,10,12,12,12,16,17, 17,20,20,23,25,26,27,27,27,28,28--each number representing a separate reference to a small business or financial endeavour supported by the ABCD network--see sample, Appendix J). In the words of one community, a primary objective of an asset-based initiative is "to promote and foster a good relationship between the citizens and businesses in the area" (Society objectives presented at a Chat & Chew, June, 1999). Another participant summarized the relationship between discovering people's assets and economic development in this way:

> "Community economic development shouldn't just happen where we think there's a need. It should be happening in any community where people have ideas and are encouraged to make them happen" (R.L., p.14).

4.2.4.3 "Skates for $5.00": Affordable fun.

Another theme emergent in the data is that of providing affordable recreation or play to local residents. As described above, playgrounds and parks have become the focus of attention for several communities involved. In addition to these more structured environments for play and exercise, the data suggest numerous opportunities for participants to become involved in activities which might not otherwise be accessible to them. One community recognized the importance of parents having affordable time out to do errands while their children were supervised in an interactive, playful environment:

> "People used to like to go shopping on Saturdays...so they brought their kids over about 1 or 2 o'clock on Saturday afternoon. We had movies, we had babysitting, and that school auditorium was full every Saturday....And of course other events during that time, we had a skate and book sale. Kids could bring in their old skates and take out a new pair for $5.00--not a new pair, but another used pair, a size or two bigger. And books we sold quite reasonable" (#5, p.6-7).

This participant describes a further initiative for older adults in the neighbourhood several years later:

> "So they said how about something for us older people. For ones with the empty nest kind of thing. So we came up with this idea for the 45+ Club. And we've been meeting once a week here at the hall. Basically we play card games, dice games, board games...basically, anything the people would like to play" (#5, p.13)

In addition to these more organized activities, participants told stories of improved access to recreation on a more informal, ad hoc basis:

> "...I know ___ and I join with him in this food coop. ...Then we were good friends and sometimes he would call me to see why don't I go to the meeting for him. ...And we learned he has a canoe. So we say, ____, we want to go canoeing. Because I've never in my life gone canoeing. So he take us. ...Fishing you can manage by yourself, but canoeing, no way. ...But he got four canoes. So we can always have the opportunity to borrow" (#4, p.15).

Affordability and accessibility seemed to be key considerations in planning community activities, thus the concern for starting things like a community garden within various neighbourhoods. One interview participant described the importance of accessibility in this way:

> "...So the thing that attracted me to...where I'm living right now is that I went through, uh...when my daughters and I lived in a condo there was a field separating us from the YMCA. ...That was major decision as to where I lived. Actually I live a couple of times downtown in between that, and I didn't like it

> because I didn't have access to the Y. Wasn't close enough to get there. I found myself not going because of that. ...the Y has been a real booster for me. ...I'm so attached to ____, the fact that the Y's there" (#3, p.2,4).

Another put it this way:

> "When I first moved here, 2 years prior to this, not much was happening. Now more is happening. I remember phoning up and asking if I could do anything, if I could volunteer. People said I should try other community leagues like ___ or ____. I said no, I wanted something right in my own area, to become part of it. Because for one thing I don't drive. So I wanted things to be accessible" (#1, p.2)

While CBR advocates the development of initiatives within geographic proximity to the people involved, there was also evidence of ride-sharing activity or the provision of transportation for events that took place outside these boundaries. This was a concern for the monthly Chat & Chews which took place all over Edmonton, sometimes in neighbourhoods not well served by public transportation. While rides were not organized on a formal basis, participants were seen to be arranging shared transportation among themselves, i.e. asking around for who had a car and would they be willing to give rides (R.L., p. 1, 9,10,11,12,13,15,19,21,23,24,27). While such ride-sharing activity did seem evident, at least one participant alluded to the fact that this is an ongoing challenge in planning community events and that people of lower income are often not considered when events are planned away from major bus routes and in venues accessible only by car (#3, p.13).

Once participants have access to recreational events, admission costs are also an issue. One community group addressed this issue in their activities for youth by having fees waived for those who could not afford it (R.L., p.5) Other groups were observed to have a suggested admission fee with an accompanying announcement that only those who could afford it needed to pay. In general, asset-based initiatives attempt to rely on donations of space and resources from within the group to support activities, such a weekly drop-in Volleyball event sponsored by a local church. As one low-income mother reported, this made a great deal of difference to her overall sense of belonging and involvement in activities:

> "...The thing is that with community leagues you have to pay a membership. So if you can't pay, you're not part of it. You feel, well, I'm not rich enough to be part of this community. With ____(asset-based initiative), as long as you live in the neighbourhood you're a part of it. You don't have to pay anything. Just wanted you as you are" (#1, p.2, 5).

4.2.4.4 "If there's food, it's for sharing": affordable food.

In keeping with the theme of affordable resources, another category emerged in the data as being a distinct characteristic of ABCD: that of food-sharing or affordable nutrition. This is perhaps not surprising, since *food* is one of the four basic tenets in the ABCD philosophy of *R.A.F.F. (Relationships, Action, Food & Fun)* (CCB & AM Workshop©, 1998, p.26). In the words of one participant who was part of the Community-Building III Gathering: "If there's food prepared, it's for sharing" (R.L., p.12). This philosophy was reflected in events planned by CBR in that their weekend workshops always included a meal for participants on the Friday evening, snacks, Saturday morning breakfast, snacks and lunch (R.L., p. 1-5; 11-13; 15-18; 24-28). Communal sharing of food was especially demonstrated in the Friday evening meal of Community Building III in which participants were each asked to bring a fresh vegetable to contribute to the soup being made for the next day:

> "We have ____ here who is going to make our soup. She's one of _____'s greatest hidden treasures!" (R.L., p.11)

Food-sharing activity was also evident at Chat & Chew sessions, where participants brought their own lunches but often something to share with the group as well (R.L.,p. 6,9,10,11,15,19, 23). Events planned for local neighbourhoods often centered around providing affordable food to large crowds of people. One community described serving over 100 people a Pancake Breakfast on Canada Day while another reported having fed 250 people for free at a similar event (R.L., p.3,9). Affordable restaurants or coffee shops were chosen as places to meet, where participants could choose to buy food or not, with open discussions as to what was suitable in this regard (R.L., p.11-12; 18, 29). At one of these regular weekly coffee groups, participants are simply asked to contribute what they could afford: some pay less than charged while others pay more. Affordable nutrition was also provided on an individual basis. For example, three of the interview participants welcomed the researcher in for a home-cooked meal or snack during the interview process (Interviews #1, 2, 5)!

Participants also spoke of more formalized programs for affordable food. Information on various food cooperatives was distributed at Chat & Chew sessions and several members had links to the Edmonton area Food Security Network (R.L. p.21). Collective kitchens also seemed to be part of various asset-based initiatives, with participants making use of local community halls, church kitchens or local businesses to support cooperative cooking efforts. One participant described the importance of both the collective kitchen and food coop in her neighbourhood:

> "With the collective kitchen--it's so reasonable. I made at least five meals for my daughter and I for only $4.00. It's really economical. Such an excellent idea.

> ...You get to meet people, work together and do something that benefits all of you" (#1, p.6).

While continued effort needs to be made to find sponsorship, suppliers, and local food sources, asset-based initiatives indeed seem to be working toward the healthful outcome of affordable nutrition for all.

4.2.4.5 "Surrounded by plants": Care for the environment.

Another theme emerging from the data is that of attention to the physical surroundings or environment of the community. In fact every one of the seven initiatives examined during the course of this study had a component of activities that were directly focused on some aspect of the physical environment. One of the more common types of projects mentioned in the data related to community gardens and enhancing the growing capacity of various neighbourhoods. A total of 18 references to community gardens were found in the 28 pages of participant observation data with activities ranging from organizing demonstration tours to workshops on how to start a community garden to perennial and seed exchange events to holding a Chat & Chew event at a community garden site (R.L., p.3,5,6,7,10, 13,19,20,21,27). Although a separate network now exists to represent community gardens in Edmonton, a number of the gardens originated from people coming together with an asset-based focus in a particular community. At least five new gardens came into existence during the 10-month period of observation, four of them in neighbourhoods where an asset focus had been a distinct part of previous initiatives.

Apart from the more obvious efforts around community gardening, ABCD seems to foster a general concern for the geographic surroundings and natural environment within neighbourhoods. The Community Building II & III events included walking tours of the area in order to examine various properties and describe changes that had occurred as a result of community efforts. For example, on one of these tours, participants pointed out a dingy alleyway that had been painted with brightly-coloured murals by a group local teens which had the effect of keeping the area clear of garbage and negative activity for the three years since it had been done (R.L., p.5). Community-building activities themselves demonstrated a concern for the outdoors and natural environment, from going outside on a spring day for a gum boot toss, to hosting Chat & Chews in various neighbourhood parks to bringing the produce in from a neighbourhood garden to decorate a basement hall for community-building activities (R.L., p.4, 5, 9, 13). One final event observed during the research period included a simulated indoor campfire activity, complete with a Boy Scout indoor fireplace, campfire songs and a "rainstorm" activity in which participants simulated a thunderstorm through tapping knees and clapping (R.L., p.26-27).

This concern for aesthetics and the natural environment was confirmed as well during individual interviews, with at least two of the five participants elaborating on their personal views of the environment and the kinds of individual interests that seem to drive a collective concern for the environment.

> "(Some of the things that have come out of this group)... have been because of the questions. People wanted to know questions like 'Where did the name_____come from? How many lakes were there in ______? Where were they located? When did they drain them? There used to be a fountain--where was it?' All these types of questions" (#5, p.20).

Another participant very poignantly told the story of discovering an appreciation of the physical environment which now drives her own interest in community gardens and improving the aesthetics of her own home:

> "Sunday mornings you can go to the aquacize class and they've got these windows there where the sun shines right in and it shines right down on the water and you

> can actually pick one space in that water where you can have the sun shine in and just listen to the music and you're dancing...
>
> ...And um, my spirituality actually comes from connectedness to the water again, and with nature. Specifically with nature. And--because of the art--I can't look at things in the same way any more. I look at the bark on the tree and I look at the texture and the colour and richness of the colour that comes out of that. Not just because of technically what it's doing but because it spiritually affects me.
>
> ...I want always to be surrounded by plants. And sunshine. I want to make sure my room has sunshine...(#3, p.3, 9,18)

Again, while these stories may not prove the value of asset-based approach in improving the physical environment of a community, they certainly suggest the potential value of ABCD in facilitating the kinds of interests and skills that will make a difference to the aesthetics of a neighbourhood.

4.2.4.6 Neighbourhood Watch: Safety.

Along with a general concern for the appearance of a neighbourhood, the data suggests that ABCD initiatives result in efforts to improve citizens' safety. Discussions during one Community Building event centered around how to get an Apartment Watch program started in a high-rise district. One strategy participants agreed on was to "sell" it to apartment managers as a means of improving their building (R.L., p.6). Two other neighbourhoods described having started a Business Neighbourhood Watch program, in which local businesses were involved in attempting to prevent crime at a street level (R.L., p.9). Another two neighbourhoods had initiated neighbourhood patrol programs which at least has enhanced the sense of safety of those involved in the patrol, as described by this participant:

> "Right now I joined the neighbourhood patrol. Which we have started it. ...I've been active in the patrol--We've been patrolling every week. ...And when you go patrolling you have some new people in your group. ...It's a good community; it's a safe community....I always feel secure. As I told you I have friends. I know many of them" (#4, p.16).

In addition to apartment watch and neighbourhood patrol efforts, participants were seen to be taking action on other safety issues in the neighbourhood. At least 3 neighbourhoods described efforts to improve the safety of playgrounds by upgrading equipment (Interviews #1, #2 & #5). Two other communities were involved in ensuring traffic lights were installed to improve the safe crossing of pedestrians at busy intersections (Interview #5, R.L., p. 19-20). One of these neighbourhoods also gained a great deal of media attention through its efforts to demolish a home that had become a public health hazard because of the domestic animals housed there. An interview participant described the initiative in this way:

> "The people living close to the house were the ones who started this. They're part of the community. Most of these people have been involved and attending the yearly community events. ...We had well over 100 come out to this public meeting about the (problem) because we were quite concerned...we had a couple of people trying to burn the place down. ...So we invited out the two city aldermen for this district, we had Capital Health Authority, 2 people from the SPCA...it was very widely publicized. And I guess it really astounded these people. They didn't think there was that much concern in the district. But I think a lot of this stems from

> perhaps what we did in previous years. They weren't afraid to come out here....This is now recognized as a meeting place for different events" (#5, p.24)

Again, the findings suggests that Asset-based community initiatives may provide both the framework and the impetus for citizens to come together to improve the safety of their neighbourhoods.

4.2.5 "It's a mystery": Transcendent themes in ABCD.

While the foregoing themes describe the more tangible outcomes of community-building, several themes emerged in the data which did not appear on the surface to relate to the research question. These concepts however recurred with sufficient regularity in the data to demand further scrutiny. Although the research question was aimed at eliciting *outcome* data regarding community building and health, these concepts arise more as *process* descriptors. In other words, they seem to be describing the underlying conditions which must be in place in order for the foregoing described outcomes to occur. As section 4.2.3.3 suggests, efforts to connect people have the potential for both positive and negative outcomes. Community gardening ended in conflict; the single mother was taken advantage of. What the following findings suggest is the existence of a certain *spirit*, a certain ethereal-like quality to the community dynamic that must be in place in order for the described outcomes to occur. Though difficult to categorize definitively, a beginning effort has been made here to describe these themes as "Wanting more fun": children and playfulness in ABCD; "It's amazing": the magic of shared interests, and "What kept me here": taking the time.

4.2.5.1 "Wanting more fun": Children and playfulness in ABCD.

While the community-building events observed consisted primarily of adult activities during daytime or evening hours, discussions in these groups and in individual interviews quickly gave rise to the fact that children played a key role in the involvement of many of these adults in their local communities. In one exercise observed where participants were asked to draw or name "significant ways I've learned community building", 14 out of 20 drawings showed or named children as an important part of their experience. Phrases such as "having fun as a kid"; "family, kids, home"; "playing together" and "learning to ask for help when I was in a tough place with my kids" were heard as participants went around the table sharing their experiences (R.L., p.19). Several of the asset-based initiatives focus specifically on children or youth, such as the Bridges program; Youth Empowerment Society (Y.E.S.); and C.I.A., Community Involved Adolescents. While gatherings observed were primarily for adults, children seemed to have a place and feel welcomed whenever they were present. At the C.B. III event, one boy about age 8 sat on the floor in the middle of the circle for much of the evening talking with the adults or stretched out playing with toys beside the indoor fire place, seeming to feel at home. At the same event, there was a presentation by the local youth council about their various programs and how they had raised money to build a skateboard park in the neighbourhood (R.L., p.27,28). Other ABCD events included a tour of a local youth drop-in centre and a Chat & Chew luncheon served by a group of about 22 Junior High School students (R.L., p. 5,15).

The role of children in facilitating community involvement became consistently clear through individual interviews. All five interview participants spoke of the key role that children--their own or others--had played in their decisions to become part of a neighbourhood initiative. For one participant it was a simple as hearing about a community group through her son's school newsletter. For others the influence played more of a role:

> "And plus when I moved into this community, and knowing I'm having a daughter, and this is where I'm going to be, I called wanting to volunteer" (#1, p.2).

> "Well, maybe the most relevant part would be when I moved back to Edmonton period, from a marriage that broke up. Brought my two daughters here and, uh, wanted very much to live in place where I had a sense of community, where you got to know your neighbours" (#3, p.1).

> "That was 1979. Then we started having children and I started using ______ community centre for their parent day out. I became involved in various ways, on the board and on the fund-raising committee and in various ways. What it did for me at that point was give me a sense of connection to my community and let me start meeting other people" (#2, p.3).

Aside from the influence of her own children, this participant described the role of other people's children in enhancing her community involvement:

> "One related story...is an experience I had with a group of women at _____, an experience of coming together once a week to make crafts. Well it started off making puppets for the kindergarten and its grew to making crafts to make money for the new playground there. That was an incredible process of women, um, wow...it was just so many layers thick. Incredible bonding. And support that developed among a really diverse group of women. Some that would have never talked to each other in the hallways of the school ended up being very very bonded to one another" (#2, p.4).

Perhaps surprisingly, a gender bias did not seem to exist in the data around this issue. In fact, the one interview with a male participant yielded at least as much information on children, with a total of 11 different references to children or youth-related activities in the history of his involvement, starting again with his involvement as a parent in the local school his children were attending:

> "I think the first involvement I had, a friend of mine in the Home-School Association asked if I would consider taking a position. So I started looking after movies and things like that with them. ...um, we got all kinds of neat things going. And this is probably the start of my involvement in community" (#5, p.6).

This person also spoke of the importance of children in stimulating further community involvement:

> "We decided we were going to have a little different approach next time so we concentrated on music, art and writing. And we involved the school, um, 2 classes in the school were involved in a writing project "What I like about____, or "How I feel about ______". Various topics.
>
> ...And the playground is quite widely used. In fact if you look out the window now you'll see quite a few different people in there. We started to see that anytime during the day or evening you'll generally find upwards of 5 or 6 cars here; people using the playground" (#5, p. 21 & 28).

But is there more to the role of children in community-building than having schools and playgrounds provide a place or a reason to gather? Though not extensive, the data suggests so. It suggests that there is something as well to the *spirit* of fun and play that children have; that somehow this quality is necessary in adults as well in order for community-building to happen. Thus the emphasis on *Fun* in *R.A.F.F.* ; an emphasis which leads to things like a gum boot toss; making Christmas crackers, planning a scavenger hunt, or racing a wheelchair in the hallway (R.L., p. 5,6,15,18). As one CBR staff member put it in describing his experience of presenting community-building material at a conference on community development:

> "Our main job was to show people how to have fun!" (R.L., p.10)

Two of the interview participants related this ethereal quality of childlike inquisitiveness and fun in describing their own experience of community:

> "And a lot of communities don't seem to have too much community spirit. And this is what we've been working with in _____ because of the, basically because of the younger people asking questions about the district. It's an older district as far as districts in the city go and the people mainly have bought here and stayed. But now a lot of these people are passing away, some are moving. So we've got quite a mix of older people and younger people in the district, and some of the younger people want to know about the history of the areas and that's how our ____ group got going" (#5, p. 11-12).

> "The adolescent in me is very much alive and well and....the child too, but the adolescent's there...I think it's okay to do something because you want to do it, because you want more fun in your life or you want to meet more people. And not because we have to break through the isolation of moms who live at home. You know what I mean? Oh, I might get into trouble for that one, for saying that out loud" (#2, p.9,10).

The evidence here seems to suggest that both the presence of children and the existence of a child-like spirit in adults may be a necessary ingredient for building healthy communities.

4.2.5.2 "It's amazing": The magic of shared interests.

Closely related to the child-like atmosphere of having fun were participants' expressions of excitement over particular passions or interests that they discovered as part of the asset-mapping process. The quality of these passions appeared similar in nature to religious or spiritual experience with words used to describe it such as "astounding"; "amazing"; "what drew me in"; "vision"; "fantastic"; "awakening"; "powerful"; "a bigger window". A number of participants in fact traced their first understanding of this concept to church or formal religion, with several actually drawing churches or temples as part of their pictorial representation of "How I first learned community" (R.L., p.19). Buddhism, Judaism and Protestant Christianity were among the religious experiences described, with one participant putting it this way:

> "In Buddhism you share with the Buddhists, you share with the sense of religion. So in that sense there is a flow, because...a flow of information" (#4, p.18)

While formal religion informed the experience of passion for some, similar language was used to describe a whole range of interests and abilities for others. One participant used these words to describe her love of physical beauty and nature:

> "...Like to look at the sun, or watch something grow out in the garden and think that's fantastic. Watch the Canada geese fly in the air. I mean have to actually stop and look at them. It's such a powerful experience to actually look at Canada geese fly. I get tears in my eyes just telling this. And little chickadees. I don't know what it is about chickadees" (#3, p.18).

Appreciation of nature seemed closely linked to a passion for art and music as described by this participant and others:

> " And I was going to the fibre arts program at that same time. So uh, I think that's where I connected more with the spirituality too" (#3, p.9)

> "And the musicians, artists wanted back into it. They said we want in. So we had groups like the _____Dancers come in. ...In fact they organized they organized the evening thing themselves because there was just too much on in the afternoon" (#5, p.21, 32)

Neighbourhood history seem another source of passion for some as was evidenced by the number of groups who had some sort of formal history write-up underway or a local historian who was part of the community building initiative. One Community-Building weekend dedicated part of an hour to a history presentation in the evening and on another occasion, 18 participants at a noon-hour Chat & Chew listened attentively to 20 minutes of recent discoveries by the neighbourhood history group, this in the context of a very noisy, previously chattering group.

Others used spiritual language to describe their experience of connecting with other people:

> "And that's why I say my sense of community isn't necessarily geographical. More a sense of the same ideals or the feeling that you belong...like it's a deep thing" (#3, p.12)

> "I've decided I really want to meet someone who shares my faith" (#3, p.8).

> "I will do anything where I will meet people, enjoy talking, and make money too. ...I like to see where I'm going, where you're going. Where we're going together. I think I enjoy it (laughter)" (#4, p.4, 8)

> "So I think in many ways it has the potential of tapping into my passion. Because of what the job is in reality, which is mostly trying to find funding to continue--that doesn't tap into my passion as much as meeting with people in the neighbourhood, so it has the potential to do that. That's what keeps me there." (#2, p.15)

Again, while more work needs to be done to explore the possibility of gender bias on this issue, the male participant interviewed showed a similar enthusiasm and experience of amazement in his interaction with others:

> "Had another woman take it (skills inventory he had authored)...and she said 'That's very good. Can I give it to my mom?'...And I said okay. I'll mark it for you, no problem. And I got a letter back in the mail that said 'My daughter who teaches at ____ asked me to complete your inventory. And she said it's amazing. I am now 84 years old and, um (participant's voice breaking, tears visible), I've done just about every job that you've listed on your inventory except one and I'm working on that right now as a hobby. And she said it's amazing that you find that in a person you've never met.'" (#4, p.17-18).

Another male participant described his part in the success of a Land Trust initiative:

> "It's incredible really, how far we've come. It really has been 1 part skill and 9 parts luck" (R.L., p.25)

As described by participants, the role of mystery, magic or luck in bringing communities together may perhaps never quite be explained. Phrases like "Who knows? ...Who can really prove?" or "Who can teach that, I don't know" and "Where is the end of this? I don't know" (Interviews #2, 4) all suggest the existence of something or someone in the realm beyond self or any one human spirit that can explain the dynamic of community building. It is heard in the silence, the sense of awe as neighbours draw together to hear someone read from a book, or watch the sun set, or share a knowing smile at the antics of a child. In the words of one participant, it is "the wealth in each person that is never closed" (#4, p.11).

4.2.5.3 "What kept me here": Taking the time.

Another theme arising in the data was that of *time, the passing of time* or a *sense of history.* As mentioned above, several of the neighbourhoods observed had history groups that had formed or local historians who were very much a part of neighbourhood gatherings. One asset-based initiative focused almost exclusively on the history of the area: who had settled it, the changing geography of the area, how it fit in with the overall development of the city (R.L., p.22). Other neighbourhoods had organized historic bus tours or written books to tell the story of their community's evolvement over time (R.L., p.3, 11)

This passage of time was reflected in individual stories as well, with one interview participant having been involved in her community for over 22 years, another for over 10:

> "I went right back to the beginning, to when we moved here. Thought about key people and experiences. What drew me and kept me there, and what it did for my own well-being. So it's a longer story..." (#2, p.1)

> "I think we bought the school bus in, I think '67, no '64 or '65, because by '67 I was teaching. ...Taught about 22 years...(Have lived in _____) off and on since 1952, so I've been through a lot of stuff here" (#5, p.3).

For another participants, this theme of involvement over time seemed closely linked with the discovery of a particular interest:

> "And then I started going to the Y and to aquacise. That was my salvation. I've been doing it ever since. That was the first form of exercise I ever really did on a ritual basis. An exercise that I liked. ...I moved to Edmonton in 1988. Started the aquacise in 1990. It's part of me. It's not a fad or anything else. It's there." (#3, p.3)

This sense of sustainability was also reflected in the story of the artists and musicians coming back year after year to help out with local community celebrations:

> "Have a music coordinator, art coordinator on the _______Group. Once these people, like the ______ had been in one of our programs, I met one of them on the street and told him what we were doing and he said, 'We're in'. And when I called the _____Dance Group he said 'Hey great, I'm sure glad you called. I was kind of wondering when we'd get to do it again'. ...Quite a few of them still live in the district. Several of them used to live here and then moved out. There's one or two of them that have never lived here but took their lessons here. They come from all over town. ...Through this whole thing we've been able to locate a lot of people that used to live in the area. Have started a directory of who used to own what. Found out a lot of information about things. It's been nothing but up." (#5, p.33)

The sense of pride engendered by sustained involvement over time was reflected by a participant from another neighbourhood who spoke with great excitement about people moving back to their community:

> "...Used to be people were here because they had to be, because of the oil patch, 2 year contracts...Now people are moving back and coming for great new jobs. We're especially excited about some of the older people moving back..." (R.L., p.2).

The importance of time and developing a sense of trust was also expressed by this participant, a relative newcomer to Canadian culture:

> "In this country we have friends without sharing. And it takes time to get to know people. ...In my neighbourhood I am one of the people who probably knows most of the people in my neighbourhood but you know I don't make friends. I make one or two friends. But the friends are arms' length. They are friends who don't share their joy or grief. ...I cannot share what I can do. I cannot make contribution and in turn I cannot ask for contribution. I think probably it takes five years to have that.
>
> ....Well I get a lot (from ABCD initiative). They have less space than what I normally would meet with my neighbours. Because when we meet every month for a year you have another close groups of friends. You get closer and you feel more relaxed. ....It took all of us a year to let down the guard." (#4, p.3,7).

This sense of time and of taking time for people to get to know each other was evidenced at community gatherings where participants were seen involved in conversations, seeming to lose track of the time and unhurried about what was next on the schedule of activities. While an agenda was usually prepared for each meeting, there was a degree of flexibility built in so that if participants got "off topic", there was time for various opinions to be heard. As one participant described it, this sense of having enough time was essential to her own well-being in the overall process of building community:

> "I came out of that year knowing that everything didn't have to happen right away, and that everything didn't have to happen just because it could happen. A key learning. Just because it's a possibility doesn't mean it has to happen. I'm positive. There are so many, --when you start talking with people there are so many ideas, so many incredible ideas that could transform the face of ______, and then we come back to the real table and we look at one another and we say 'Who?' and 'When?', and there's no way, and so we, we hug one another and leave. And be okay with that.
>
> ...And I know some people who still struggle with that whole area of , if we don't do it, it won't get done and that, that's too awful and so we have to do it, even though we're too busy and we're already burning out, we really don't have a choice. What I say to those friends of mine is, if you think back 3 years ago, we had an idea for this and that, I mean we had lots of ideas. We didn't do them. Is the community still here? Are people still alive? I mean...if you use that kind of analogy, it helps to let go of some of those shoulds that we put on ourselves and on one another..." (#2, p.7,8).

In contrast, this participant spoke of the frustration of trying to accomplish community projects within the short-term time frame of most funding requirements:

> "But what happens is if I spend most of my time getting money then I'm not out there nudging and animating and encouraging people to do something. So we don't have those projects to show funders. It's a Catch 22. It's very frustrating. ...The answer is longer-term funding so people can do the job that they're funding. Right now, I mean, funders are funding us to find funding. They're not funding us to do the job" (#2, p.16).

While the data do not provide definitive answers about the length of time it may take for community-building to happen, it at least points to the fact that this aspect is ethereal--something which cannot be easily measured or predicted. What is important is that communities gain a sense of time: time that is available to be shared and expended in order to develop a sense of history; that shared time is an ingredient essential to the success of any ABCD endeavour.

Chapter 5

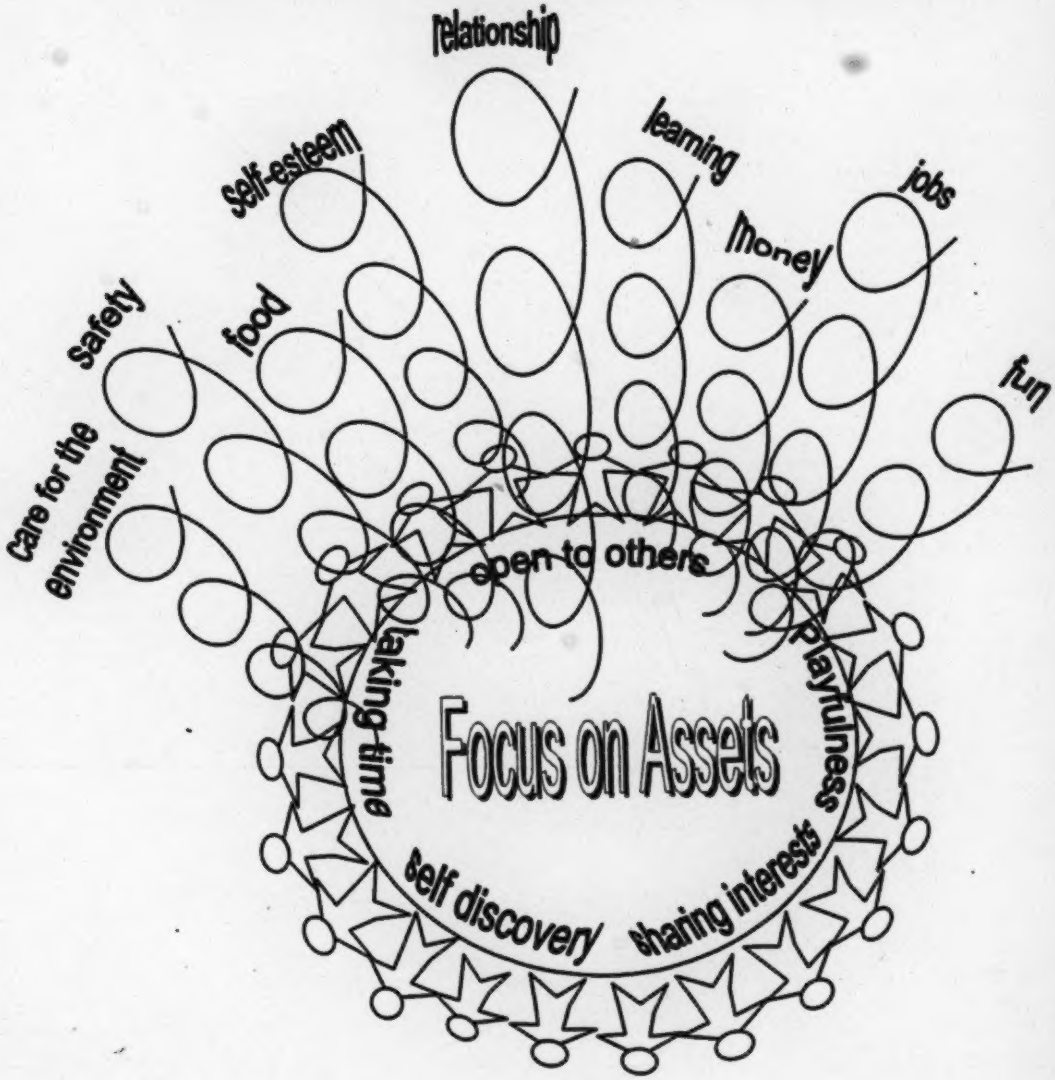
Summary and Implications for Future Practice & Research

Beginning with an exploration of health as it is defined in the broader context of health promotion theory and practice, this study lends support to the idea that health is much more than the absence of disease or the pre-occupation with physical well-being. Similar to conceptualizations of health that have emerged over the past several decades, participants in this study spoke of health as being a multi-dimensional construct, with particular emphasis on the social and mental or emotional aspects of well-being. While physical aspects of health did not surface as frequently in the data, participants clearly emphasized the inter-relatedness of dimensions, giving ample evidence to suggest that no one aspect of health can be experienced in isolation from the others, and that any attempt to improve well-being must take into consideration the complexity of its dimensions.

Participants' unique and varying descriptions of health laid the groundwork for uncovering the range of health determinants that appear to be influenced by the ABCD process. These factors again, as revealed in the data, are learning, self-discovery, relationship, care for the environment, food, money, employment, safety and fun (category names have been abbreviated here for the sake of clarity). While these themes were categorized as *outcomes* in relation to the question, "How do you feel your involvement with ______has affected your sense of well-being?", data suggest that the themes of self-discovery and openness to others serve also as *process* descriptors, or factors that both result from and contribute to ABCD. Recalling Section 4.2.2.3, the data suggest that participants needed to develop at least a certain awareness of their own strengths and skills in order to engage in the ABCD process and at the same time, involvement in ABCD fosters an even greater level of awareness and personal empowerment. Secondly, Section 4.2.5.2 suggests that the *connection* with others about personal skills or interests describes both a characteristic of the ABCD process and one of its outcomes. The data also describe the elements of playfulness, shared interests and taking time as elements of the ABCD process that make it particularly effective in supporting the health outcomes described above.

The relationship of the categories to one another as both process and outcome descriptors has been described in a conceptual model of the relationship of ABCD to health (Figure 1). The idea for this illustration comes from a game played by Inuit communities during whale festivals in the Yukon and Northwest Territories in which returning crew members stand in a circle holding the edges of a hide while others take turns bouncing on the hide in the form of a human trampoline. The illustration is meant to show that positive effects on health will occur only as members of a community hold closely to an asset focus, and that the characteristics of ABCD that make the trampoline a tightly woven and strong one are playfulness, taking time, openness to relationship, self-discovery and shared interests. To take the idea one step further, if any of these elements are lacking or a person is missing from the edge of the circle with his or her particular blend of gifts, skills and abilities, supports for health are weakened, thus leaving the community with fewer viable opportunities for health and well-being.

In this particular context, participants seem to be experiencing a substantial number of positive effects on health in relation to their involvement with an ABCD initiative. And since the theory behind this investigation posited that the most worthwhile endeavours in health promotion practice will be those that address a broad range of factors, ABCD may well be considered a useful health promotion strategy since it appears to play an effective role in addressing a number of these health determinants. Of interest here was the finding that ABCD seems to impact the broad range of factors inherent in the concept of social support as reviewed in the literature. Roughly, the outcomes of learning and self-discovery correspond to the constructs of information and appraisal support postulated by social support theorists (Heaney & Israel, 1997). The outcomes of jobs, money, care for the environment, safety, food and fun correspond to the categories of material aid and physical assistance further posited by social support theorists (Barrera & Ainlay, 1983).



Conceptual Model of How ABCD Affects Health

relationship
self-esteem
learning
jobs
money
safety
food
fun
care for the environment
open to others
taking time
playfulness
Focus on Assets
self discovery
sharing interests

Figure 1

But perhaps most strikingly, the findings clearly reveal that ABCD seems to foster the kind of "positive social interaction" that Barrera & Ainlay (1983) describe is frequently lacking in traditional social support interventions. The sense of enjoyment and playfulness revealed in the data perhaps goes a long way in describing the kind of "social interactions, opportunities and skills" that Minkler describes as "a critical prerequisite to the effective use of empowerment methodology" (Minkler, 1992, p.312). ABCD's emphasis on discovering the assets and skills of a community indeed provides a positive alternative to the more exclusive conceptualization of "social support as a stress buffer" and seems to convey the "growth-enhancing or strength-augmentation functions" that some authors argue should be an integral part of social support interventions (Barrera & Ainlay, 1983).

Closely related to the sense of enjoyment in relationships is the concept of mutuality or excitement over common interests. Through an emphasis on the mutual sharing of gifts and abilities, the experience of ABCD participants seems to illustrate the *support bank* concept hypothesized by Equity theorists and clearly reveals the tenet of *reciprocity* as an important construct in positive, health-enhancing social relationships (Antonucci & Jackson, 1990). For the most part, participants in this study demonstrated an understanding of the inherent worth of their own and others' unique gifts, strengths and abilities; an understanding that if they offer what they have today, somehow there will be enough resources to carry them through the challenges of tomorrow (Interview 2, p.2; Interview 4, p.11). This understanding of the value of what each individual has to offer provides us with a clear example of what social capital and social cohesion may mean to health promotion practitioners today. Recalling Putnam's (1993) critical question "How is social capital created?" and "What strategies for building (or rebuilding) social capital are most promising?", these data at least provide preliminary insight into what may be an important answer to this question.

While the results of this study look promising, a word of caution must be added here. As is obvious from a review of the sampling methodology, time and financial constraints dictated that a number of "outlier" cases could not be examined in attempting to determine the effect of ABCD on health (Section 3.3). In other words, most of the participants observed and interviewed had a demonstrated belief in the ABCD philosophy. But what about the numerous individuals and communities who may have heard of the asset-based philosophy of CBR or Kretzman & McKnight (1997) and yet choose not to utilize the approach nor indeed have any demonstrated interest in discovering the gifts of others or valuing the broad range of skills and abilities found within their community? Does ABCD hold promise for populations in general or is it useful only for certain kinds of individuals at certain times or in certain types of communities?

The answer to these questions will be found partly through further research into the value of ABCD as a health promotion strategy. First of all, comparison studies need to be undertaken to determine whether an asset-based approach is any more effective than related community development strategies for health such as social action or the more traditional needs-based community intervention strategies. Secondly, a cost analysis may be done to assess the up-front costs of promoting an asset-based initiative and the role of external funders in supplying these costs. In this case the research question could be "How does the funding of ABCD initiatives from outside sources affect both their function and process?" In terms of cost-effectiveness, asset-based initiatives also need to be considered in the overall context of healthcare expenditures. For example, what long-range savings for acute-care hospitalizations may arise from community-based initiatives to improve sidewalk safety or neighbourhood housing? Will we be able to track a population-wide decrease in mental health-related issues as more emphasis is placed on building stronger social networks and fostering the kind of interaction among people that is valued by ABCD initiatives? Will continued effort to bring people together from a diversity of backgrounds eventually result in a more equitable distribution of wealth?

While further research is critical to an understanding of the utility of ABCD as a health promotion strategy, findings from this study give infomation of immediate relevance to the practice of health promotion in Canada today. These data indicate with a fair degree of certainty that the use of CCB & AM© as a community development strategy has been effective in promoting the health of Edmonton Canadians in the domains of relationship, learning, self-discovery, economic opportunity, safety, and care for the environment. The findings also indicate, however, that the health outcomes of ABCD are closely related to ABCD's process characterstics of playfulness, taking time, openness to others, self-discovery and shared interests. These characteristics are perhaps what Hustedde (1998) refers to as the *soul* in community development, where soul is defined as "some kind of animating presence within humans and other living things...mystery--the presence of something profound that cannot be grasped by science or the boundaries of human language" (p.154). With repeated use of concepts such as "amazing", "astounding", "awakening", "powerful", "a bigger window" (Section 4.6.2), the data suggest elements to consider in evaluating community development that lie outside the more traditional health indicators of income level, social support mechanisms and access to health care.

The challenge will thus be for CBR and health promotion practitioners to continue to pay attention to the process indicators that appear to foster the kind of positive effects on health described by participants in this study. For CBR staff, this means a continued awareness of the importance of elements such as openness to new relationships, playfulness and building a sense of time into the process of designing and facilitating community initiatives. For health promotion practitioners and researchers in general this means a willingness to live with the "paradox" of soul (Hustedde, 1998). In this case, the paradox may well be that while we seek to describe the impact of ABCD through further rigorous scientific investigation, we may know its value intuitively and thus adopt it as a comprehensive social support intervention and a promising strategy for promoting social cohesion long before future evidence is in.

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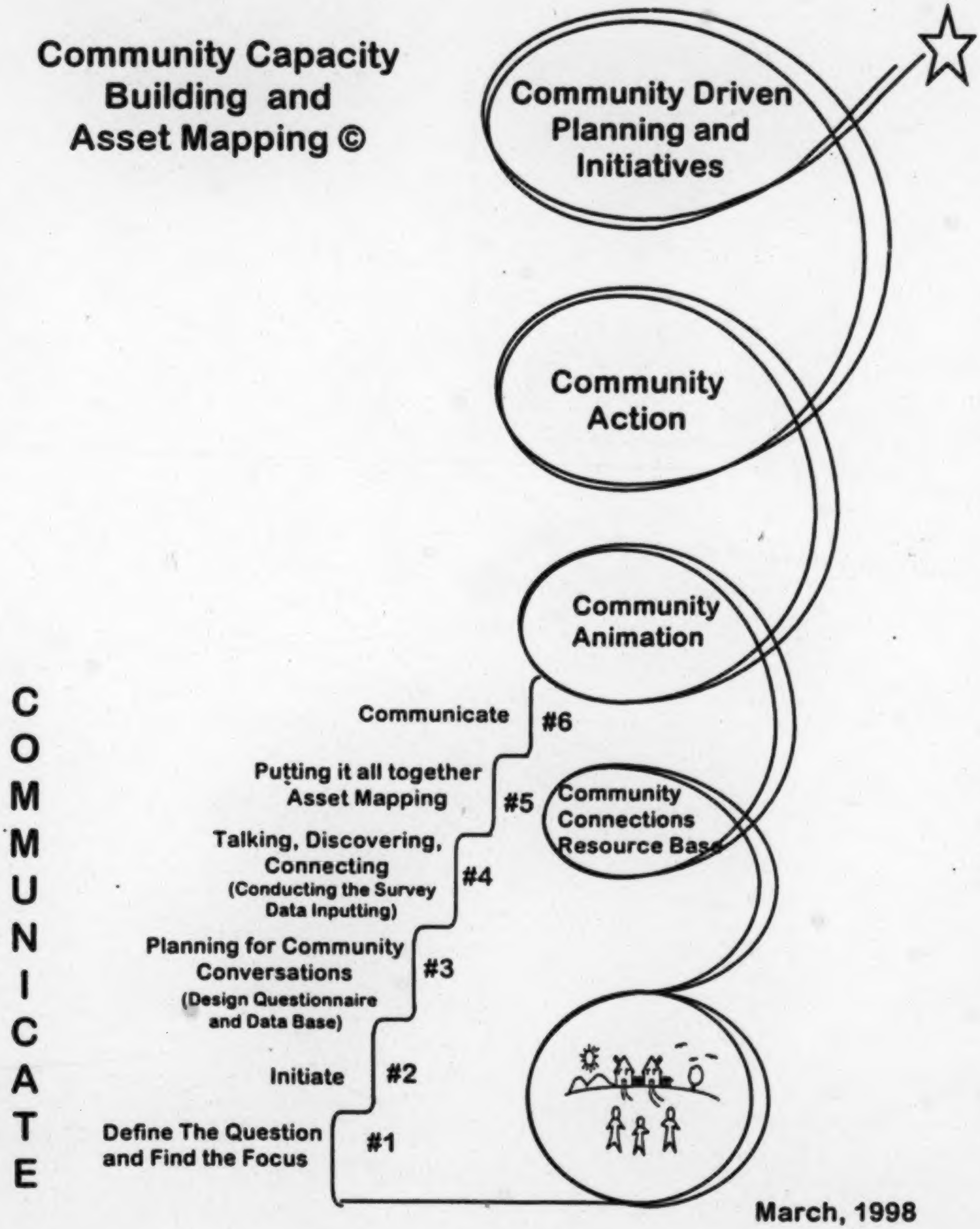
Appendix A: Conceptual Model of CCB & AM©

Community Capacity Building and Asset Mapping ©



Community Driven Planning and Initiatives

Community Action

Community Animation

Communicate **#6**

Putting it all together Asset Mapping **#5**

Community Connections Resource Base

Talking, Discovering, Connecting
(Conducting the Survey Data Inputting) **#4**

Planning for Community Conversations
(Design Questionnaire and Data Base) **#3**

Initiate **#2**

Define The Question and Find the Focus **#1**

COMMUNICATE

March, 1998

Appendix B: Sample exercise, CCB & AM Workshop©

WHAT'S YOUR GUESS??

The hidden potential - Supports to share in the community:

Draw a line to your best guess!!!

Street kitchen
First aid training
Food for pregnant teens
Flower Planting in a Park
School lunch meals
Retired adult computer training
Literacy training
Work experience for kids
A Penny Carnival for Daycares
Informal neighbourhood watch
Teens programs
Home care
R.A.F.F. Stands for

Youth
Townhouses
Church
Koopmans Manufacturing - carpentry
Mr. SUB
Hotel
Relationships, Action, Food, and Fun
Mr. Lube
Pharmacy
School
The Misericordia Hospital
Bookstore
Kids from Westlawn Junior High (CIA)

Appendix C: Illustration, CCB & AM©

Community Building

The Exchange-Interchange

Reciprocity

Creating an environment where relationships and friendships can happen

Appendix D: Introductory Letter/Announcement

Introductory Information/Announcement

From: Mary Jane Buchanan, MSc Health Promotion Student
10113 88 Street, Edmonton, AB. T5H 1N9
Tel. (403)-429-6370; Fax. (403)420-1974
e-mail: maryjane@cs.ualberta.ca

and: Community Development/Community Building Resources
c/o Jasper Place High School, #681 8950-163 Street,
Edmonton, AB. T5R 2P2. Tel. (403)-484-9045, Fax: (403)484-9099

To: Edmonton and area community builders.

Re. Research project entitled: **The Role of Asset-Based Community Development in Promoting the Health of Urban Alberta Neighbourhoods**

Dear Fellow Community Builders:

We would like to introduce the research work which Mary Jane is hoping to do with us over the coming six to eight months. The purpose of the project is to understand and describe the process by which asset-based community building has contributed to the overall health of certain Edmonton neighbourhoods.

As you may remember, the *Listen & Learn* summaries provided us with a wealth of information describing the process of ABCD in Edmonton up to the spring of 1998. Mary Jane would like to continue this reflective research with the question "How has your involvement in community-building affected both your sense of social support and your access to your neighbourhood's material resources?" These two factors--sense of social support and access to material resources--are widely recognized as key determinants in keeping people healthy. Thus the findings of this research should contribute in a significant way to an understanding of the relationship between community development and health.

We are asking for your help in spreading the word about this project to members of your community group or other interest groups with whom you may have contact over the next several months. Mary Jane will be collecting data mainly through observing our community gatherings and continuing to take part as an active community member. She may also desire an in-depth, one-on-one interview with some of us in order to further describe the "story" of our experiences in community building and how we feel they have impacted on the health of our neighbourhoods.
We want to make it clear at this point that Mary Jane WILL NOT BE USING THE NAMES OF PARTICIPANTS OR ANY OTHER IDENTIFYING INFORMATION in the write-up of results of the study.

Since we would like to keep this process as **open** and **inclusive as possible,** we encourage your suggestions or feedback to Mary Jane at any point during the study. She is also hoping to involve us in reflecting on some of the data as we go along, in much the same way that we did for the Listen & Learn sessions I & II.

In the meantime, if you have any questions or concerns, please call Mary Jane or Susan at the numbers listed above.

Appendix E: Interview Information Sheet

UNIVERSITY OF ALBERTA

Interview Information Sheet

Research Title: **The Role of Asset-Based Community Development in Promoting the Health of Urban Alberta Neighbourhoods.**

Investigator: Mary Jane Buchanan
MSc, Health Promotion Student,
Downtown Community Office,
Suite 41, 9903-106 Street
Edmonton, AB.
Tel. (780)423-2031
e-mail: maryjane@cs.ualberta.ca

Thesis Supervisor: Kim Raine Travers, PhD
Associate Professor
Centre for Health Promotion Studies
5-10 University Extension Building
University of Alberta
Edmonton, AB. T6G 2G3
Tel. (780)492-9415
e-mail: ktravers@afns.ualberta.ca

PURPOSE

The purpose of the project is to describe how asset-based community development (ABCD) affects the health of certain Edmonton neighbourhoods.

PROCEDURE

1. The researcher will ask you to describe your experiences with an ABCD initiative in your neighbourhood. The interview will last about 75 minutes.

2. The discussion will be tape recorded. Only the researcher and the person writing out the tapes will hear the tapes.

3. The tapes will be written out. The researcher and her supervisor will read the written copy of the tapes.

4. Anything that anyone could use to identify you, including your name and other people's names, will not appear in the written copy of the tapes.

5. After reviewing the written copy, the researcher may request a second interview with you to check that the information is correct. If requested, the second interview will take about one hour.

PARTICIPATION

You take no known risks if you take part in this study. Results of the study may help people understand better how neighbourhood activities relate to health.

You do not have to be in this study if you do not wish to be. If you decide to be in this study, you may quit at any time by telling the researcher. You do not have to answer any questions or discuss any subject in the interview or at any other time, if you do not want to. Your name will name will not appear in the write-up of this study. A code number will be used instead of your name and will appear on any sheets or forms. All people's names will be erased from the written copy of the tapes. The researcher may publish or present the findings of this study, but anything that could identify you will not appear. University Policy requires that all tapes, written copies of the tapes and notes will be stored in a locked cabinet separate from consent forms and code lists for at least seven (7) years after the research has been completed. Consent forms will stay in a locked cabinet for at least five (5) years. The researcher may use data for another study in the future, with the approval of the ethics review committee.

If you have any questions about this study at any time, call the researcher or her supervisor at the listed numbers.

If you have any questions about any part of this study or how it is conducted, contact the Patient Concerns Office of the Capital Health Authority at 492-9790.

I, the research participant, have reviewed this information letter with the investigator and I understand its contents.

________________________________ ________________
Signature of Research Participant Date

____
Printed Name

I, the investigator, have reviewed this information letter with the research participant.

________________________________ ________________
Signature of the Investigator Date

____
Printed Name

REQUEST FOR SUMMARY

If you wish to receive a summary of the study when it is finished, please complete this section:

Name:____________________________

Address:____________________________
____
____

Appendix F: Consent Form

UNIVERSITY OF ALBERTA

CONSENT FORM

Part 1 (to be completed by the Principal Investigator):

Title of Project: **The Role of Asset-Based Community Building in Promoting the Health of Urban Alberta Neighbourhoods.**

Principal Investigator: Mary Jane Buchanan
Downtown Community Office, 423-2031

Co-Investigator(s): Kim Raine-Travers
Centre for Health Promotion Studies, University of Alberta, 492-9415
Susan Roberts, Community Building Resources©, 484-9045

Part 2 (to be completed by the research subject):

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read and received a copy of the attached Information Sheet?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect your status in this group.	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to the information you provide?	Yes	No

This study was explained to me by: ______________________________

I agree to take part in this study.

__________________________________ ________________ ____________________________
Signature of Research Participant Date Witness

________________________________ ____________________________
Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

__________________________________ ________________
Signature of Investigator or Designee Date

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

Centre for Health Promotion Studies

5-10 University Extension Centre • 8303 - 112 Street • University of Alberta • Edmonton • Canada • T6G 2T4
Telephone: (403) 492-4039 • Fax: (403) 492-9579
e-mail: health.promotion@ualberta.ca

Appendix G: Participant Observation & Interview Guides

Observation Guide

Note: These questions serve as a baseline guide only and are not meant to reflect a comprehensive list of the questions which may arise during my observations.

1. Who is in attendance at this activity?

2. Who participates in the discussion and/or activity? Do all members participate equally or do certain members drive the discussion more than others?

3. What is the body language of various participants?

4. Do side conversations/activities arise and if so, how do they relate to the larger group dynamic?

5. What is the mood of the event?

6. Where is the event occurring?

7. How do participants seem to be responding to my presence as a researcher?

8. What topics are addressed during this meeting and/or event?

Interview Guide

Note: Interviews will be semi-structured. These questions serve as a topic guide only and need not be followed in any particular order.

Guiding Story Question:

I am interested in knowing more about how community involvement and activities affect health. Can you tell me about your experience with (Project Name, i.e. *Mapping Inglewood's Assets)* in your community?

Suggested Probes:

Describe for me how you would define the term health or well-being.

Why did you first get involved with (name of project)?

What kinds of activities have you been involved with?

Have you chosen not to be involved at any point and if so, why not?

What benefits has this involvement had for you?

What effect has your involvement had on your sense of well-being?

Has this involvement had any effect on how you access various resources within your community?

Are there opportunities you have now that you may not have had without this connection, for example:

Opportunities for employment?

Opportunities for physical recreation or leisure?

Opportunities for friendship or relationship?

Opportunities for learning or education?

How would you say that your involvement with (project name) has affected your ability to contribute to your community?

Describe any barriers you have encountered to achieving the goals of (project name).

Appendix H: Description of Learning Web Activity

CBR

Community Building Resources
Aim High

LEARNING WEBS

Inter-community and intra-community learning and sharing has captivated many, and it is not technology that does it! The learning and the actions that follow the creation of a learning web are beyond expectations. This four-hour workshop will provide an opportunity for participants to draw their personal Learning Webs as they reflect on their learning in and about communities. The **CBR** workshop team will show you how to make the web strong, effective and long lasting.

Learning Webs build on the philosophy that successful community building happens on the basis of building from what you have, rather than identifying the gaps that exist. Therefore, rather than turning to outside experts to solve community problems, communities can create the vehicle and opportunity for the exchange of ideas, wisdom, energy, and resources to make their community building happen. This conversational environment for exchange – relationships, action, food, and fun – is called the Learning Web.

This workshop will outline the two main vehicles for this exchange, **Community Building Gatherings** and **Chat and Chews.**

Community Building Gatherings are a one or two day opportunity for community builders to get to know one another, discover the incredible potential in sharing resources, and to have fun doing it! Gatherings typically are hosted by a community, which then gets to showcase its local resources and successes.

Chat and Chews are a monthly gathering of community builders from all walks of life and involvement in community. These unstructured gatherings provide an opportunity to build the friendships and relationships that make community building successful.

This workshop will also highlight the very important distinction between a gathering and a meeting, and provide practical examples of how a gathering can do the work of a meeting, but a meeting cannot replace a gathering. Discussion will centre around the characteristics of a successful gathering, and the role of the facilitator in making it a success.

Appendix I: Sample Listing of Gifts

Our Gifts

- Gardening
- Born in Edmonton
- What she would like for Glenwood Community
- Ambitious
- Things she is good at
- Likes to build and renovate
- Born in USA but now a fervent Canadian
- Police officer
- Family
- John's annual block party
- Public relations
- Her parents live close to me
- German Heritage
- Enjoys working with school kids to plant flowers in park
- Coordinating the new Glenwood Park Project
- Believes in bettering the community
- Community minded
- Loves to write

- Born in Lac La Biche, moved to Edmonton and has lived in Glenwood since 1972
- Loves teaching
- Lives near one of my stations
- Wants to be a restauranteur
- Likes to walk his dog
- Interesting occupation – Westlawn Funeral Home
- Golf
- Optimist
- Enjoys visiting with friends and neighbours in backyard
- Has 3 kids

- Would like to see people take care of their property so we could feel better about our community
- Outgoing and friendly
- Hates speeders on residential streets
- Close to grandson
- From Nanaimo
- Loves kids
- Friendly
- Would like to open her own café/bookstore
- Very helpful in community

- Very outspoken
- Family guy
- Involved in sports, coaching
- Perfectionist, dependable, sensitive and personable – a little shy

Appendix J: "Mall Crawl" Activity, Community Building IV.

Mall Crawl

1. This store has served Alberta since 1970! ______________________

2. Could this extra-curricular school have a future view?
Phone_______________.

3. This store is run by a non-profit organization. It is for the public's enjoyment. Who is profiled this month?
____

4. So far, Grandin Community Square has escaped getting involved with this business, even though there is money in it! You must be ________ years old to enter.

5. Young families like to shop here! Today we open at
_______am.

6. We have enough volunteers to open this shop three days /week. What do we sell?

7. This store's___________Impression is that they have time to play games. But their business is actually ______________________.

8. This storefront is a collective and members of the group take turns in this store. This is a big weekend for them. How many members work to keep this operation open?

9. This storefront is donated to this organization by Grandin Mall. They have great bargains and their earnings benefit all St. Albert Citizens! If you want to help, call, _______________.

10. This is a new community place. What special event is happening here today?___________________________

11. What businesses are hosting a special event today?_______________
____
____